



2023-2024 DENTAL PROGRAMS MANUAL



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Dental Programs Manual
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2023-2024

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**Division of Health Sciences
Dental Assisting Program
Dental Hygiene Program**

Congratulations!

The dental faculty and staff would like to welcome you to the Dental Programs at Gulf Coast State College! You are to be commended for your efforts and accomplishments that have prepared you to pursue the dental profession as a career. We are pleased to produce talented graduates who enter the workforce prepared with the most current knowledge in evidence-based practice.

The Dental Assisting and Dental Hygiene Programs at Gulf Coast State College are fully accredited by the Commission on Dental Accreditation with the American Dental Association. The Commission on Dental Accreditation serves the public by establishing, maintaining and applying standards that ensure the quality and continuous improvement of dental and dental-related education and reflect the evolving practice of dentistry. The scope of the Commission on Dental Accreditation encompasses dental, advance dental and allied dental education programs.

The dental faculty and staff are very proud of the exceptional programs and state of the art dental facility that we offer and would like to provide assistance to you as you begin your academic career. Therefore, the GCSC Dental Programs Manual has been created in order to provide the student with information about the policies, regulations, academic standards, clinic practice/dress policies, and other expectations while enrolled in the Dental Assisting or Dental Hygiene Program. In addition, all GCSC Dental students are expected to abide by the policies and procedures as published in the current GCSC General Catalog and Student Handbook.

We wish you continued success within your chosen program of study and anticipate that you will experience outstanding learning opportunities during your enrollment in your academic program.

Sincerely,

Miranda Stewart, CDA, CRDH, MS
Dental Hygiene Coordinator
Gulf Coast State College

Laurie Womble, CDA, BHS
Dental Assisting Coordinator
Gulf Coast State College

PROFESSIONALISM

Dental students, faculty, researchers, administrators and institutions are expected to represent personal and institutional values and behaviors that support academic integrity and professionalism in dental education. The American Dental Education Association (ADEA) has identified such values, principles and processes that are aligned with the existing values and codes of the dental, allied dental, and higher education professions. The Gulf Coast State College Dental Programs embrace these values and incorporate such definitions into the assessment of professional behaviors as demonstrated by dental students. Compliance with these values will be expected throughout the dental student's enrollment within the dental programs with the anticipation that the graduating student will be a true representative of these ideals as he/she enters the professional workplace.

VALUES DEFINING PROFESSIONALISM IN DENTAL EDUCATION

The Task Force identified and developed the following six values-based statements defining professionalism in dental education:

Competence	Acquiring and maintaining the high level of special knowledge, technical ability and professional behavior necessary for the practice of dentistry and for effective functioning in the dental education environment.
Fairness	Demonstrating consistency and even-handedness in dealings with others.
Integrity	Being honest and demonstrating congruence between one's values, words, and actions.
Responsibility	Being accountable for one's actions and recognizing and acting upon the special obligations to others that one assumes in joining a profession.
Respect	Honoring the worth of others.
Service-mindedness	Acting for the benefit of others, particularly for the good of those the profession serves, and approaching those served with compassion.

A discussion of each of these values follows and includes a more full definition of each value and a description of the behaviors that enactment of the value requires and to which all members of the dental education community can aspire.

In developing the ADEA Statement on Professionalism, the Task Force sought to align the Statement with existing codes of ethics and conduct within the allied, pre-doctoral and post-doctoral dental communities. To illustrate the continuity of these values between the dental education community and the practicing community, the discussion of each value includes a reference to the ethical principles espoused by the American Dental Association (*ADA Principles of Ethics and Code of Professional Conduct*) and the American Student Dental Association (*ASDA Student Code of Ethics*), and the values expressed in the American Dental Hygienists' Association (*ADHA Code of Ethics for Dental Hygienists*).

Finally, examples of how the value applies to different constituencies within the dental education community are provided.

DETAILED DEFINITIONS OF THE SIX VALUES

Competence: acquiring and maintaining the high level of special knowledge, technical ability and professional behavior necessary for the practice of dentistry and for effective functioning in the dental education environment.

Expanded Definition: Encompasses the concept of knowing dentistry – having acquired the unique knowledge, skills, and abilities required for effective practice of dentistry; encompasses the concept of knowledge about how people learn, skills for effective pedagogy – including developing curriculum and assessments; also encompasses the knowledge of ethical principles and professional values (2); life-long commitment to maintain skills and knowledge; modeling appropriate values as both an educator and dental professional; developing ability to communicate effectively with patients, peers, colleagues, and other professionals; recognizing the limits of one’s own knowledge and skills – knowing when to refer; recognizing and acting upon the need for collaboration with peers, colleagues, allied professionals, and other health professionals; includes recognizing the need for new knowledge - supporting biomedical, behavioral, clinical, and educational research, and engaging in evidence-based practice.

Alignment with:

- ADA Principles of Ethics: beneficence and nonmaleficence
- ADHA Code for Dental Hygienists: beneficence and nonmaleficence
- ASDA Student Code of Ethics: nonmaleficence and beneficence

Examples:

1. For students: Learning dentistry is a top priority. Develop the habits and practices of lifelong learning, including self-assessment skills; Accept and respond to fair negative feedback about your performance – recognize when you need to learn; Learn and practice effective communication skills; Know the limits of your knowledge and skills and practice within them; Learn when and how to refer.
2. For faculty: Engage in lifelong learning and evaluate and enhance your abilities in this area; Model continuous professional development, in dentistry and pedagogy. Model effective interactions with patients, colleagues, and students: Accept and respond to fair negative feedback about your performance – recognize when you need to learn; Know the limits of your skills and practice within them; Model how and when to refer; Acknowledge and act on the need for collaboration.
3. For researchers: Generate new knowledge; Engage in lifelong learning and evaluate and enhance your abilities in this area; Model continuous professional development. Model effective interactions with patients, colleagues, and students: Accept and respond to fair negative feedback about your performance – recognize when you need to learn.
4. For institutions/administrators: Set high standards; Learn and practice effective self-assessment skills; Accept and respond to fair negative feedback – recognize the need for institutional learning and address it; Acknowledge and act on the need for collaboration. Support the learning needs of all members of the institution and encourage them to pursue lifelong learning.

Fairness: demonstrating consistency and even-handedness in dealings with others.

Expanded Definition: Encompasses considerations of how to best distribute benefits and burdens; to each an equal share, to each according to need, to each according to effort, to each according to contribution, to each according to merit (4) are some of the possible considerations; encompasses

evenhandedness and consistency; includes setting process standards, striving for just consideration for all parties, ensuring consistency in application of process (following the rules) while recognizing that different outcomes are possible, transparency of process, calibration; consistent, reliable, and unbiased evaluation systems; commitment to work for access to oral healthcare services for underserved populations.

Alignment with:

- ADA Principles of Ethics: justice, beneficence, nonmaleficence
- ADHA Code for Dental Hygienists: justice and fairness, beneficence, nonmaleficence
- ASDA Student Code of Ethics: justice, nonmaleficence and beneficence

Examples:

1. For students: Follow institutional rules and regulations; Promote equal access to learning materials for all students and equal access to care for the public.
2. For faculty: Use appropriate assessment and evaluation methods for students; View situations from multiple perspectives, especially those that require evaluation; Provide balanced feedback to students, colleagues, and the institution; Use evidence-based practices; Promote equal access to oral health care.
3. For researchers: Set high standards for the conduct of research and use unbiased processes to assess research outcomes; Generate the data to support evidence-based practice and education.
4. For administrators/institutions: Set high standards and ensure fair, unbiased assessment and evaluation processes for all members of the institution including applicants to educational programs; Insure that institutional policies and procedures are unbiased and applied consistently; Insure transparency of process.

Integrity: being honest and demonstrating congruence between one's values, words, and actions.

Expanded definition: concept of wholeness and unity (1); congruence between word and deed; representing one's knowledge, skills, abilities, and accomplishments honestly and truthfully; devotion to honesty and truthfulness, keeping one's word, meeting commitments; dedication to finding truth, including honesty with oneself; willingness to lead an examined life; willingness to engage in self-assessment and self-reflection; willingness to acknowledge mistakes; commitment to developing moral insight (1) and moral reasoning skills; recognizing when words, actions or intentions are in conflict with one's values and conscience (3) and the willingness to take corrective action; dedication and commitment to excellence – requires more than just meeting minimum standards – making a continual conscientious effort to exceed ordinary expectations (2); encompasses fortitude, the willingness to suffer personal discomfort/inconvenience/harm for the sake of a moral good (1).

Alignment with:

- ADA Principles of Ethics: beneficence, nonmaleficence, and veracity
- ADHA Code for Dental Hygienists: beneficence, nonmaleficence, and veracity
- ASDA Student Code of Ethics: nonmaleficence and beneficence, dental student conduct

Examples:

1. For students: Strive for personal excellence. Take examinations honestly. Make entries in patient's records honestly.
2. For faculty: Strive for personal excellence in teaching as well as in practice and/or research. Represent your knowledge honestly.
3. For researchers: Strive for personal excellence. Report research outcomes honestly.
4. For administrators/institutions: Strive for personal and institutional excellence. Use appropriate outcomes measures and acknowledge openly when improvements need to be made. Ensure institutional systems and structures are honest, open, respectful, and don't create undo conflicts.

Responsibility: being accountable for one's actions and recognizing and acting upon the special obligations to others that one assumes in joining a profession.

Expanded Definition: Encompasses the concepts of obligation, duties, and accountability; requires an appreciation of the fiduciary relationship (a special relationship of trust) between dentists and patients and the profession and society. Accountability requires fulfilling the implied contract governing the patient-dentist relationship as well as the profession's relationship to society (2). It includes standard setting and management of conflicts of interest/commitment (2) as well as meeting one's commitments and being dependable. It requires striking a morally defensible balance between self-interest (1) and the interest of those who place their trust in us, our patients and society. It requires keeping one's skills and knowledge current and a commitment to lifelong learning. It requires embracing and engaging in self-regulation of the profession, including peer review and protecting from harm those who place their trust in us.

Alignment with:

- ADA Principles of Ethics: beneficence and nonmaleficence
- ADHA Code for Dental Hygienists: beneficence and nonmaleficence
- ASDA Student Code of Ethics: nonmaleficence and beneficence

Examples:

1. For students: Meet commitments. Complete assignments on time. Make your learning in dental school a top priority. Acknowledge and correct errors. Report misconduct and participate in peer review.
2. For faculty: Continuously improve as a teacher. Stay current. Set high standards. Show up on time and be available to students when assigned to teach. Meet commitments. Acknowledge and correct errors. Report and manage conflicts of interest/commitment. Ensure that all patient care provided is in the best interest of the patient. Ensure that patient care provided is appropriate and complete. Protect students, patients, and society from harm. Report misconduct and participate in peer review.
3. For researchers: Know and practice the rules and regulations for the responsible conduct of research. Stay current. Meet commitments. Report and manage conflicts of interest/commitment. Report scientific misconduct and participate in peerreview.
4. For administrators/institutions: Continuously improve as administrators. Use appropriate institutional outcomes assessments and continuously improve institutional systems and processes. Acknowledge and correct errors. Report misconduct and support institutional peer review systems.

Respect: honoring the worth of others.

Expanded Definition: Encompasses acknowledgment of the autonomy and worth of the individual human being and his/her belief and value system (2); personal commitment to honor the rights and choices of individuals regarding themselves and their oral healthcare; for patients requires confidentiality, privacy, and informed consent (2) – derives from our fiduciary relationship with patients; also accorded to colleagues in dentistry and other health professions, students and other learners, institutions, systems, and processes (2). Includes valuing the contributions of others, interprofessional respect (other healthcare providers) and intraprofessional respect (allied healthcare providers); acknowledging the different ways students learn and appreciating developmental levels/differences among learners; includes temperance – maintaining vigilance about protecting persons from inappropriate over- or undertreatment and/or abandonment (1) - and tolerance.

Alignment with:

- ADA Principles of Ethics: autonomy, beneficence and nonmaleficence
- ADHA Code for Dental Hygienists: individual autonomy and respect for human beings, beneficence and nonmaleficence
- ASDA Student Code of Ethics: patient autonomy and nonmaleficence and beneficence

Examples:

1. For students: Develop a nuanced understanding of the rights and values of patients; Protect patients from harm; Support patient autonomy; Be mindful of patients' time and ensure timeliness in the continuity of patient care; Keep confidences; Accept and embrace cultural diversity; Learn cross-cultural communication skills; Accept and embrace differences; Acknowledge and support the contributions of peers and faculty.
2. For faculty: Model valuing others and their rights – particularly those of patients; Protect patients from harm; Support patient autonomy; Accept and embrace diversity and difference; Model effective cross-cultural communication skills; Acknowledge and support the work and contribution of colleagues; Accept, understand and address the developmental needs of learners.
3. For researchers: Protect human research subjects from harm; Protect patient autonomy; Accept, understand and address the developmental needs of learners; Acknowledge and support the work and contributions of colleagues.
4. For administrators/institutions: Recognize and support the rights and values of all members of the institution; Acknowledge the value of all members of the institution; Accept and embrace cultural diversity and individual difference; model effective cross-cultural communication skills; Support patient autonomy, protect patients from harm and safeguard privacy; Protect vulnerable populations; Create and sustain healthy learning environments; Insure fair institutional processes.

Service-mindedness: acting for the benefit of others, particularly for the good of those the profession serves, and approaching those served with compassion.

Expanded Definition: encompasses beneficence: the obligation to benefit others or to seek their good (3) as well as the primacy of the needs of the patient and/or society - those who place their trust in us; patient needs, not self-interest, should guide the actions of dentists; also includes compassion and empathy; providing compassionate care requires a sincere concern for and interest in humanity and a strong desire to relieve the suffering of others (1); empathic care requires the ability to understand and appreciate another person's perspectives without losing sight of one's professional role and responsibilities (1). Compassion and empathy also extend to one's peers and co-workers. The expectation that dentists serve patients and society is based on the autonomy granted to the profession by society. The orientation to service also extends to one's peers and to the profession. Commitment

of dentists to serve the profession is required in order for the profession to maintain its autonomy. The orientation to service also extends to encouraging and helping others learn, including patients, peers, and/or students. Dental schools are also expected to serve the oral health needs of society, not only by educating dentists, but also by being collaborators in solutions to problems of access to care.

Alignment with:

- ADA Principles of Ethics: beneficence and justice
- ADHA Code for Dental Hygienists: beneficence, justice and fairness
- ASDA Student Code of Ethics: nonmaleficence and beneficence and justice

Examples:

1. For students: Contribute to and support the learning needs of peers and the dental profession; Recognize and act on the primacy of the well-being and the oral health needs of patients and/or society in all actions; Provide compassionate care; Support the values of the profession; Volunteer to work for the benefit of patients, society, colleagues and the profession to improve the oral health of the public.
2. For faculty: Model a sincere concern for students, patients, peers and humanity in your interactions with all; Volunteer to work for the benefit of patients, society, colleagues and the profession to improve the oral health of the public; Model recognition of the primacy of the needs of the patient and/or society in the oral health care setting and at the same time, support the learning needs of students; Contribute to and support the knowledge base of the profession to improve the oral health of the public.
3. For researchers: Generate new knowledge to improve the oral health of the public; Contribute to and support the learning needs of students, colleagues and the dental profession. Model the values of and serve to the dental profession and to relevant scientific/research associations; Volunteer to serve the public and the profession and engage in peer review.
4. Administrators/institutions: Recognize and act on opportunities to provide oral health care for underserved populations; Encourage and support all members of the institution in their service activities; Provide leadership in modeling service to the profession and the public.

APPENDIX ONE: ADEA CODE OF PROFESSIONALISM IN DENTAL EDUCATION TASK FORCE MEMBERSHIP

Task Force Chair

Dr. Richard Buchanan, Dean, University of Buffalo School of Dental Medicine

Representing the Council of Allied Program Directors

Dr. Susan Duley, Associate Professor of Dental Hygiene, Clayton State University

Representing the Corporate Council

Mr. Daniel Perkins, President, AEGIS Communications

Representing the Council of Deans

Dr. Cecile A. Feldman, Dean, University of Medicine and Dentistry of New Jersey

Representing the Council of Faculties

Dr. Kenneth R. Etzel, Associate Dean, University of Pittsburgh School of Dental Medicine

Representing the Council of Hospitals and Advanced Education Programs
Dr. Todd Thierer, University of Rochester Eastman, Department of Dentistry

Representing the Council of Sections
Dr. Judy Skelton, Associate Professor, University of Kentucky, Division of Dental Public Health

Representing the Council of Students
Mr. Matthew MacGinnis, dental student, University of Southern California

Representing ADA's Council on Dental Education and Licensure
Dr. Frank Maggio, American Dental Association

Representing the ADA's Council on Ethics, Bylaws and Judicial Affairs
Dr. David Boden, American Dental Association

Representing the Commission on Dental Accreditation
Dr. James R. Cole II

Representing the American Dental Student Association
Mr. Michael Meru, dental student, University of Southern California

At-Large Representatives
Dr. Marilyn Lantz, Associate Dean, University of Michigan School of Dentistry
Dr. Kathy Roth, ADA Immediate Past President

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1. Rule, JT, and Bebeau, MJ. 2005. *Dentists Who Care: Inspiring Stories of Professional Commitment*. Quintessence Publishing Co, Inc. Chicago, pp. 171-172.
2. Stern, DT. 2006. *Measuring Medical Professionalism*. Oxford University Press. New York, pp. 15 – 32.
3. American College of Dentists. *Ethics – Core Values & Aspirational Code of Ethics* (<http://www.acd.org/acdethics1.htm>).
4. Beauchamp, TL, and Childress, JF. 1989. *Principles of Biomedical Ethics*, 3rd Edition, Oxford University Press, New York.

ATTENDANCE/TARDINESS POLICY

The nature of the Dental Programs necessitates the student's regular attendance, so that he/she may obtain maximum benefit from the courses, and ultimately from the program of study. While urging regular attendance, the Dental Programs desire to allow students an opportunity to develop a sense of personal responsibility towards their studies and development as a professional.

Repeated unexcused absenteeism (more than once) will result in a 1 point per exceeded absence deduction from the final course grade. Each time a student is tardy or leaves a class early, half a point will be deducted from the final course grade. Excused absences include: sickness of yourself (refer to *Attendance Restrictions Policy*) or immediate family, a death in your immediate family, major religious holiday (please submit prior notification), college trips pre-authorized by the President of the College, or extraordinary circumstances at the discretion of the faculty. **It is the student's responsibility to submit an official written excuse to the Course Instructor and the Program Coordinator by the next class meeting/session or an unexcused absence will be assigned.** Regardless, the student is still responsible for all material as scheduled in the individual course syllabi.

Notification of any clinic, lab, classroom and/or rotation absence must be made to the course faculty, as well as the Program Coordinator prior to the scheduled session. In the event that you are scheduled for an external rotation session, you must also contact that rotation site to inform them of your absence. **Please refer to your individual course syllabi for specific guidelines regarding timely notification.** Expecting a classmate to relay such notification on your behalf is not acceptable and will be considered an unexcused absence.

The Dental Programs also adhere to the GCSC CLASS ATTENDANCE POLICY as referenced below:

“Regular class attendance and participation are significant factors that help to promote success in college. Students are expected to attend all class meetings of all courses for which they are registered. You are expected to know the instructor's specific attendance policy, as stated in the syllabus for each course. In the event of absence, you should contact your instructor as soon as possible to indicate the reason and to inquire whether make-up work is possible. (Make-up work is offered solely at the discretion of your professor.)

If your absences in a class become excessive, as stated in the course syllabus, your professor may contact you, indicating that further absence may result in your withdrawal from the course. (See entry on Withdrawal in this catalog section.) Your professor can withdraw you from a course for excessive absences without your permission.

Instructors will monitor attendance at the beginning of each semester. If you are not in attendance during this period, you may be withdrawn from the course. You will be financially responsible for the course and a “W or NS” will appear on your transcript. Withdrawal from a course may also have implications for financial aid.”

Attendance Restrictions Policy

In the event of diagnosed illness of a student, the dental programs will follow the CDC recommendations as described below. Please notify your instructor immediately should you be diagnosed, or exhibit any symptoms of the following:

Disease/Problem	Work Restriction	Duration
COVID-19	Restrict from contact with others	5 days if symptoms are improving and with no fever in the last 24 hours. If symptoms have not improved continue to isolate until symptoms improve with no fever for 24 hours.
Conjunctivitis	Restrict from patient contact and contact with patient's environment.	Until discharge ceases.
Cytomegalovirus infection	No restriction.	
Diarrheal disease		
Acute stage (diarrhea with other symptoms)	Restrict from patient contact, contact with patient's environment, and food-handling.	Until symptoms resolve.
Convalescent stage, <i>Salmonella</i> species	Restrict from care of patients at high risk.	Until symptoms resolve; consult with local and state health authorities regarding need for negative stool cultures.
Enteroviral infections	Restrict from care of infants, neonates, and immunocompromised patients and their environments.	Until symptoms resolve.
Hepatitis A	Restrict from patient contact, contact with patient's environment, and food-handling.	Until 7 days after onset of jaundice.
Hepatitis B		
Personnel with acute or chronic hepatitis B surface antigenemia who do not perform exposure-prone procedures.	No restriction; refer to state regulations. Standard precautions should always be followed.	
Personnel with acute or chronic hepatitis B antigenemia who perform exposure-prone procedures.	Do not perform exposure-prone invasive procedures until counsel from a review panel has been sought; panel should review and recommend procedures that personnel can perform, taking into account specific procedures as well as skill and technique. Standard precautions should always be observed. Refer to state and local regulations or recommendations.	Until hepatitis B e antigen is negative.
Hepatitis C	No restrictions on professional activity. HCV-positive health-care personnel should follow aseptic technique and standard precautions.	
Herpes simplex		
Genital	No restriction.	
Hands (herpetic whitlow)	Restrict from patient contact and contact with patient's environment.	Until lesions heal.
Orofacial	Evaluate need to restrict from care of patients at high risk.	
Human immunodeficiency virus ; personnel who perform exposure-prone procedures	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures that personnel can perform, taking into account specific procedures as well as skill and technique. Standard precautions should always be observed. Refer to state and local regulations or recommendations.	
Measles		
Active	Exclude from duty.	Until 7 days after the rash appears.
Postexposure (susceptible personnel)	Exclude from duty.	From fifth day after first exposure through twenty- first day after last exposure, or 4 days after rash appears.

Attendance Restrictions Policy (continued)

Meningococcal infection	Exclude from duty.	Until 24 hours after start of effective therapy.
Mumps		
Active	Exclude from duty.	Until 9 days after onset of parotitis.
Postexposure (susceptible personnel)	Exclude from duty.	From twelfth day after first exposure through twenty-sixth day after last exposure, or until 9 days after onset of parotitis.
Pediculosis	Restrict from patient contact.	Until treated and observed to be free of adult and immature lice.
Pertussis		
Active	Exclude from duty.	From beginning of catarrhal stage through third week after onset of paroxysms, or until 5 days after start of effective antibiotic therapy.
Postexposure (asymptomatic personnel)	No restriction, prophylaxis recommended.	
Postexposure (symptomatic personnel)	Exclude from duty.	Until 5 days after start of effective antibiotic therapy.
Rubella		
Active	Exclude from duty.	Until 5 days after rash appears.
Postexposure (susceptible personnel)	Exclude from duty.	From seventh day after first exposure through twenty-first day after last exposure.
<i>Staphylococcus aureus</i> infection		
Active, draining skin lesions	Restrict from contact with patients and patient's environment or food handling.	Until lesions have resolved.
Carrier state	No restriction unless personnel are epidemiologically linked to transmission of the organism.	
Streptococcal infection, group A	Restrict from patient care, contact with patient's environment, and food-handling.	Until 24 hours after adequate treatment started.
Tuberculosis		
Active disease	Exclude from duty.	Until proved noninfectious.
PPD converter	No restriction.	
Varicella (chicken pox)		
Active	Exclude from duty.	Until all lesions dry and crust.
Postexposure (susceptible personnel)	Exclude from duty.	From tenth day after first exposure through twenty-first day (twenty-eighth day if varicella-zoster immune globulin [VZIG] administered) after last exposure.

Attendance Restrictions Policy (continued)

Zoster (shingles)		
Localized, in healthy person	Cover lesions, restrict from care of patients at high risk.	Until all lesions dry and crust.
Generalized or localized in immunosuppressed person	Restrict from patient contact.	Until all lesions dry and crust.
Postexposure (susceptible personnel)	Restrict from patient contact.	From tenth day after first exposure through twenty-first day (twenty-eighth day if VZIG administered) after last exposure; or, if varicella occurs, when lesions crust and dry.
Viral respiratory infection, acute febrile	Consider excluding from the care of patients at high risk or contact with such patients' environments during community outbreak of respiratory syncytial virus and influenza.	Until acute symptoms resolve.

Centers for Disease Control in Dental Health-Care Settings – 2003. *MMWR* 2003; 52 (No. RR-17)
Centers for Disease Control and Prevention <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

Gulf Coast State College
Health Sciences and Nursing Divisions
Acknowledgment of Background Check Information

Gulf Coast State College (GCSC) students that are granted conditional acceptance into a Health Sciences program must receive a satisfactory criminal background check prior to final acceptance into the program. The background check will be scheduled and performed at the discretion of the Division to which the student has applied. Information and instructions on how to complete the background check will be sent by the applicable program coordinator.

Please Note: Criminal background checks performed through other agencies will not be accepted. Also, be aware that clinical agencies may require an additional background check prior to clinical access. Although background checks are required before program entry, it is possible to graduate from a program at GCSC and be denied the opportunity for licensure because of an unfavorable background check. Even if the student has been accepted into and completed a program at GCSC, this does not guarantee authorization for licensure or eligibility to take the licensure exam. Those authorizations are granted by the Health Sciences governing professional licensure boards. This is a notification to the applicant that Gulf Coast State College has no authority over any state-level medical licensure board and cannot be held responsible if the student is accepted into or completes a Health Sciences program and subsequently is denied authorization to take the program-specific licensure exam due to criminal background information.

An applicant must consider how his/her personal history may affect the ability to meet clinical requirements, sit for various licensure exams, and ultimately gain employment. Most healthcare boards in the State of Florida make decisions about licensure on an individual basis. You may visit the Florida Department of Health website at <https://www.floridahealth.gov/> for more information regarding licensure. We offer this information so that you can make an informed decision regarding your future.

Please read the following information carefully: Any student who has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to, any offense under the provision of 456.0635 (see below) may be **disqualified** from admission to any Health Sciences program. In addition to these specific convictions, there are other crimes which may disqualify applicants from entering into the Health Sciences programs and/or clinical rotations. The statute listed below can also be found online: http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0456/Sections/0456.0635.html

456.0635 Health care fraud; disqualification for license, certificate, or registration.-

- (1) Healthcare fraud in the practice of a healthcare professional is prohibited.
- (2) Each board within the jurisdiction of the department, or the department if there is no board, shall refuse to admit a candidate to any examination and refuse to issue a license, certificate, or registration to any applicant if the candidate or applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant:
 - (a) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, or chapter 893, or a similar felony offense committed in another state or jurisdiction, unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed. Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration unless the sentence and any subsequent period of probation for such conviction or plea ended:
 1. For felonies of the first or second degree, more than 15 years before the date of application.
 2. For felonies of the third degree, more than 10 years before the date of application, except for felonies of the third degree under s. 893.13(6)(a).
 3. For felonies of the third degree under s. 893.13(6)(a), more than 5 years before the date of application;

- (b) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, unless the sentence and any subsequent period of probation for such conviction or plea ended more than 15 years before the date of the application;
- (c) Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent 5 years;
- (d) Has been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of the application; or
- (e) Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities, except when such applicant is listed solely based on a default or delinquency on a student loan as provided in s. 120.82.

This subsection does not apply to an applicant for initial licensure, certification, or registration who was arrested or charged with a felony specified in paragraph (a) or paragraph (b) before July 1, 2009.

- (3) The department shall refuse to renew a license, certificate, or registration of any applicant if the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant:
 - (a) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, or chapter 893, or a similar felony offense committed in another state or jurisdiction, unless the applicant is currently enrolled in a pretrial diversion or drug court program that allows the withdrawal of the plea for that felony upon successful completion of that program. Any such conviction or plea excludes the applicant from licensure renewal unless the sentence and any subsequent period of probation for such conviction or plea ended:
 1. For felonies of the first or second degree, more than 15 years before the date of application.
 2. For felonies of the third degree, more than 10 years before the date of application, except for felonies of the third degree under s. 893.13(6)(a).
 3. For felonies of the third degree under s. 893.13(6)(a), more than 5 years before the date of application.
 - (b) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396 since July 1, 2009, unless the sentence and any subsequent period of probation for such conviction or plea ended more than 15 years before the date of the application.
 - (c) Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, unless the applicant has been in good standing with the Florida Medicaid program for the most recent 5 years.
 - (d) Has been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program, unless the applicant has been in good standing with a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of the application.
 - (e) Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities, except when such applicant is listed solely based on a default or delinquency on a student loan as provided in s. 120.82.
- This subsection does not apply to an applicant for renewal of licensure, certification, or registration who was arrested or charged with a felony specified in paragraph (a) or paragraph (b) before July 1, 2009.
- (4) Licensed health care practitioners shall report allegations of health care fraud to the department, regardless of the practice setting in which the alleged health care fraud occurred.
 - (5) The acceptance by a licensing authority of a licensee's relinquishment of a license which is offered in response to or anticipation of the filing of administrative charges alleging health care fraud or similar charges constitutes the permanent revocation of the license.

Important Note: After acceptance and during enrollment in this program, the student is responsible for notifying the program coordinator of any arrest, regardless of adjudication, that occurs after acceptance through graduation. Failure to promptly notify the program coordinator shall be grounds for dismissal from the program.

With my signature below, I acknowledge that Gulf Coast State College, the Health Sciences, or Nursing Division has informed me about the need for a satisfactory background check for licensing boards/exams. In signing this form, I further acknowledge that Gulf Coast State College nor the Health Sciences or Nursing Divisions are liable if I am denied licensure or authorization to take a licensure exam following program completion due to criminal background findings.

Printed name of student

A-_____
GCSC Student ID Number

Signature of student

Date

Faculty or Program Coordinator Signature

Health Sciences or Nursing Program

DIVISION OF HEALTH SCIENCE DRUG/ALCOHOL POLICY

Gulf Coast State College is a drug free and alcohol free institution. There will be a ZERO TOLERANCE policy regarding students reporting to class, lab, or clinic under the influence of alcohol or drugs. Students under the supervision of medical care and taking prescribed drugs must immediately identify themselves to the faculty supervising the class, lab, or clinical assignments. Prescribed medications must not induce an unsafe mental or physical state, or impair the student's ability to meet the course requirements, act with safety, perform competently or to demonstrate appropriate conduct when in class, lab, or clinical settings. (GCSC Student Handbook, 2022-2023).

The student shall not knowingly possess, use, transmit, or be under the influence of any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, any other controlled or counterfeit substance defined in FS 893.03, or substitute for such, alcoholic beverage, inhalant or intoxicant, on the campus either before, during or after school hours or off the college grounds at a College activity, function or event. Also, a student shall not possess, have under his/her control, sell or deliver any device, or contrivance, instrument or paraphernalia containing the substance or substances described in this paragraph or any residue of such substance or devices intended for use or used in injecting, inhaling/inhalant/huffing, smoking, administering, or using any of the foregoing prescribed drugs, narcotics, or stimulants. Use of a drug authorized by a medical prescription from a registered physician for a specific student shall not be considered a violation of this rule. (GCSC Student Handbook, 2022-2023).

Medical Marijuana remains an illegal drug under Federal law. It is not protected under the American Disabilities Act (ADA) and is not exempt even if the student presents with a medical marijuana registry card.

Situations that could indicate that the student is under the influence include, but are not limited to: odor of ethanol, slurred speech, disturbed gait, problems with balance, and questionable or inappropriate behavior. (See Reasonable Suspicion/Drug testing Form). If suspected of being under the influence, the faculty member responsible for the class, lab, or clinical session will evaluate the circumstances and take appropriate action.

In the event that a student is suspected or found to be under the influence of drugs or alcohol, the student will be immediately dismissed from the class, lab, or clinical assignment pending further review. The student will be required to seek an alternative method of transportation to leave the setting. A Reasonable Suspicion/Testing Form should be completed and submitted to the Program Coordinator for review.

If the faculty member suspects and determines that a drug test is indicated, the student must arrange alternative transportation and report to the College's designated site (with completed Request Memorandum) to undergo a drug test within 2 hours of the dismissal. The student must agree to release the results of the test to the Chair of Health Sciences and the program Coordinator. Failure to agree to an immediate drug test within 2 hours, failure to obtain the test within the 2 hours, or refusal to release test results will result in immediate dismissal from the Health Science Program.

The college assumes no responsibility for assisting the student in leaving the above sites or returning home. Security will be called if necessary.

In the event that the test **results are negative**, the student must meet with the college faculty member and/or the program coordinator to assess the need for remediation or counseling. The decision to return the student to clinical will be based upon the recommendation of the clinical faculty member. Any missed days will be unexcused and subject to the make-up policies of the individual course or program. Failure to attend counseling sessions or to meet the remediation plan objectives within the time designated will result in immediate dismissal from the program.

In the event that the test **results are positive**, the student will be immediately dismissed from the program with a failing grade.

The GCSC Manual of Policy states:

The District Board of Trustees and the administration of Gulf Coast State College recognize the need to determine to the greatest degree within their power, if students in certain specialized academic programs and those participating in intercollegiate sports are indulging in the use of illegal drugs or the misuse of legal prescription drugs.

Therefore, drug screenings **will be required** for those students applying for admission into or those students participating in certain **specialized academic programs** or for those students participating in intercollegiate sports. When mandated by the program, selected applicants must successfully complete a drug screening that satisfactorily demonstrates the applicant is free from the use of illegal drugs or controlled substances not prescribed to that individual as described or named in law. Selected applicants must comply with and follow all drug testing procedures as prescribed in this policy. Applicants will be tested at a state-certified facility.

Exceptions

Students will not be considered to have violated this policy under the following conditions:

- (1) use or possession of the drug is authorized by and in the manner prescribed by a licensed physician or practitioner through a prescription specifically provided for that particular student, and (2) the student notifies the instructor or Program Coordinator prior to beginning the program or upon starting a newly prescribed medication of any effects that use of the drug may have on academic or physical performance.

Methods of Testing

Drug and/or alcohol testing may be required by urinalysis, blood test, breathalyzer, or any other screening device as required or permitted by law.

Drugs Tested For

The college will require testing for the following substances:

- | | | |
|-----------|---------------|-----------------|
| Alcohol | Amphetamines | Cannabinoids |
| Cocaine | Phencyclidine | Methaqualone |
| Opiates | Barbiturates | Benzodiazepines |
| Methadone | Propoxyphene | |

Confidentiality

All personal information relating to drug or alcohol testing will be kept confidential to the extent required by law.

Notification

A copy of this policy will be made available to all students

Drugs That May Alter or Affect a Drug Test

A list of legal and illegal drugs, developed by the Agency for Health Care Administration that may alter or affect a drug test may be found in Chapter 112.0455(13) F.S. or at:

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0100-0199/0112/Sections/0112.0455.html

Students may report the use of any prescription or nonprescription medications that may alter or affect a drug test to the coordinator of the specialized academic program and to the agency performing the drug screening. Such disclosures will be kept confidential to the extent required by law. Students have the right to consult the testing laboratory for technical information regarding prescription and nonprescription medication.



**Division of Health Sciences
Drug / Alcohol Policy**

Reasonable Suspicion / Testing Form

Reasonable suspicion testing will be based on observations concerning the student's appearance, behavior, speech or body odor.

Name of Student _____ Date _____

Location _____

Observer _____ Date Observed _____ Time _____

Second Observer (if available) _____

Setting: _____ Clinical _____ Classroom _____ Campus Lab

Put a check mark by the behavior observed:

Appearance: Confused/Disoriented _____ Hair/Clothing _____ Disheveled/Unkempt _____ Wearing sunglasses _____

Other: _____

Movement: Difficulty Walking _____ Difficulty grasping/holding objects _____ Difficulty sitting down/standing _____

Other: _____

Motor Skills: Trembling/Shaking _____ Restless/Agitated _____ Slow or exaggerated moves _____ Inattentive/Drowsy _____

Other: _____

Odor on Breath/Body/Clothing: Alcohol _____ Marijuana _____ Just used mouthwash/mints/gum/etc. _____

Facial Appearance: Red/Flushed _____ Sweaty _____ Puffy _____ Pale _____ Runny nose/Sores on nostrils _____

Other: _____

Eyes: Red/Watery _____ Pupils Large/Small _____ Inability to focus _____ Gaze is glassy/blank/horizontal _____

Speech: Loud _____ Profane _____ Threatening/Hostile _____ Slow/Slurred _____ Rambling _____ Incoherent _____

Actions/Performance: Inappropriate responses to questions _____ improper job performance/Insubordination _____

Other Comments:

Based on the above, I have determined that reasonable suspicion exists to send _____ to
designated site, _____, for Drug/Alcohol urine, blood and/or Breathalyzer test.

Signature: _____ Date: _____ Time: _____ Phone #: _____

Signature: _____ Date: _____ Time: _____ Phone #: _____

DENTAL CLINIC/LAB/CLASSROOM POLICIES

1. MYGCSC STUDENT PORTAL

MyGCSC Student Portal is the student's gateway to My Student Dashboard, the student information system; Canvas, the learning management system; Stu-Email, the student email system; and PaperCut, the print management system for students. MyGCSC is located at the college's webpage where students will utilize a secure login to access all these systems. Each system is detailed below. When students apply to the college the Lighthouse and Stu-Email accounts are accessible; when students register for classes their Canvas and PaperCut accounts are accessible.

- **My Student Dashboard**

My Student Dashboard is the student system of record where academic records are stored. Students can register for classes, check their transcripts, access financial aid information, add/drop classes, pay for classes, and check final grades

- **My Student Profile**

My Student Profile provides students and advisors with a one-stop view of data including holds, registered courses, billing information and financial aid. This one-stop view can be assessed by going to My Student Dashboard page.

- **Canvas**

Canvas is the student learning management system where students interact with classwork. Many classes use Canvas to post class information, test scores, homework assignments, discussion boards, additional videos and information, quizzes and tests. Canvas is used for many face-to-face classes as well as online classes.

- **Student Email**

The student email account is the OFFICIAL COMMUNICATION from the college to the student. The college uses this system to communicate with students about Financial Aid, registration dates, student events, and other opportunities for students. It is the student's responsibility to check their college email on a regular basis. Failure to do so may result in miscommunication of important dates/events.

- **PaperCut**

PaperCut is a system that connects the student to a campus printer wirelessly. Students can add money to their PaperCut account to print needed items while on campus.

2. USE OF ELECTRONIC DEVICES

The use of electronic devices is prohibited for personal use during clinic/lab/class (i.e. social media: Facebook, Snap chat, Instagram, texting or emailing). Any student using their device

for personal use as outlined above during clinic/lab/classroom sessions will be asked to leave the session and will not be permitted to return until the following scheduled session. In this event, attendance policies will be applied and the student will be noted as absent (unexcused). All cell phone devices should be turned off and no personal calls are to be made or received during clinic/lab/classroom. In the event of an emergency, the Dental Programs Administrative Assistant may be contacted at (850) 873-3542 in an attempt to relay a message to the faculty/student.

Students wishing to utilize an electronic device as a learning aid during class MUST request permission directly from the Course Coordinator. Accommodations for electronic devices may be revoked at any time if student is found to be utilizing it for anything other than a classroom resource.

This policy applies to all external rotation/internship assignments.

3. PROFESSIONAL RECOGNITION OF PATIENTS, STAFF AND FACULTY

Please address ALL faculty and staff as Mr., Ms., Mrs., or Dr. Last Name. Address patients by last names unless the patient is under 18 years of age or is a family member. Always introduce your patient to the faculty member as he/she joins you in the treatment area.

Maintain a professional manner at all times regardless of whether the patient is a member of the family or a personal friend. Speak in a normal (moderate) tone of voice at all times. Do not raise your voice or shout across the clinic floor or classroom/lab.

Except in cases of a medical/dental emergency, do not interrupt faculty or staff when they are with another student/patient/instructor.

4. APPOINTMENT MANAGEMENT

Because our patient clinic is a dedicated student learning facility, **patients must be informed at the beginning of the appointment of the approximate length of time required and the number of appointments needed to complete treatment.** Patients who cannot remain for normal clinic appointment times should be referred to a private dental practice. In addition, if a patient's needs are beyond the scope of what our learning patient can provide, it is an ethical responsibility to refer that patient. Patients must be given written recommendations for any referrals deemed necessary that are identified during patient treatment. Students are not permitted to leave their assigned patient to render services for other patients. Switching patients between student clinicians is not permitted unless extenuating circumstances indicate a need for re-scheduling in this manner. Permission must be obtained from the program faculty.

Scheduling Appointments – Patients are scheduled in the Eaglesoft practice management system under the supervision of the Dental Clinic Receptionist and/or dental program faculty. Students may be required to schedule new and/or current GCSC Dental patients to meet course/clinic requirements. Prior to scheduling, students are responsible for **informing the patient** as to the expected length and number of appointments required to complete treatment. An *Appointment Scheduling Policy/Patient Responsibilities* agreement is obtained from each patient at the initial appointment.

Late Patient Arrival – Patients arriving late compromise the reserved appointment time and affect student progress as well as occupy time that others could be receiving care. It will be left up to the discretion of the Instructor whether or not there is sufficient time remaining to

adequately provide care to patients who arrive late. Dismissal times are mandatory for all students regardless of patient arrival time.

Broken/Failed Appointment – Patients who fail to present for a scheduled appointment (without 24 hours notification) compromise the reserved appointment time and affect student progress as well as occupy time that others could be receiving care. In the event of either a broken appointment or a cancellation, the student is required to secure another patient or remain in the clinic and assist fellow students, faculty or staff. Failing an appointment without notice, may result in no further appointments scheduled for the patient.

Cancelled Appointment – Patients who cancel a scheduled appointment (without 24 hours notification) compromise the reserved appointment time and affect student progress as well as occupy time that others could be receiving care. Cancelling an appointment more than three times may result in no further appointments scheduled for the patient.

Students should inform their instructors of such events to discuss what can be done with the remaining clinic time. The Clinic Receptionist maintains a list of patients (quick-call list) who may be available for appointments with short notice.

Documentation – All correspondence regarding late arrivals, cancellations and broken/failed appointments must be documented in the notes section of the patient's clinic record. The Clinic Receptionist must be informed of excessive cancellations or broken/failed appointments in order to notify the patient of their breach of the Appointment Scheduling Policy/Patient Responsibilities.

5. DENTAL CLINIC ETHICS/PRIVACY PRACTICES

The highest order of professional conduct and understanding is an expectation for each dental student. Failure to do so can only result in the loss of patient's confidence and trust in the student, the programs, the college and the allied dental profession. Courtesy and consideration of the patient **must** prevail at all times.

The Dental Clinic is restricted to the following: students, instructors, departmental staff, and assigned patients. Privacy and confidentiality mandates no one is to be on clinic floor except for the above mentioned individuals. Any exception must be approved through the Clinical Course Leader. The Business/Receptionist's Office is restricted to the following: instructors, faculty, departmental staff, and student(s) assigned as office assistant.

Individuals wearing clinic gowns are not permitted in this area.

Notice of Privacy Practices

We are required by applicable federal and state laws to maintain the privacy of the health information of all dental patients seen at the Gulf Coast State College Dental Clinic. This means that all information in the patient's dental record is personal and confidential and may NOT be disclosed to or discussed with anyone other than those involved in the care of the patient. You may NOT remove records from the clinic area or discuss any patient with your friends or family members. With written patient approval, certain information can be obtained from the patient's personal physician if such knowledge is necessary for us in the provision of quality dental care. Health information should NOT be shared with family members of the patient unless the patient has authorized us to do so in writing. The exception to this would be a minor child (under 18 years of age). In this case, a parent/guardian must be present for any dental treatment and permission must be obtained from that parent or guardian prior to any procedure(s).

6. PERSONAL HYGIENE/PERSONAL ITEMS

Eating, drinking, applying cosmetics, lip stick/balm, personal grooming (brushing hair & teeth, etc.), chewing gum and/or handling contact lenses are strictly prohibited in the dental clinic/reception area facility. Personal grooming (brushing hair & teeth, etc.) is restricted to the restroom area only. ***Smoking is not permitted on the campus of Gulf Coast State College or while students are in clinic uniform.***

DO NOT store food or drink items in any locker space or any place where potential infectious materials are present – this will result in the loss of locker privileges. The student break room (*Cuspid Café*) is available for storage of such items during assigned clinical sessions. These items must be removed at the conclusion of each clinical session.

Do **NOT** keep personal belongings (coats, purses, texts, etc.) in the clinical area. Students are to place all backpacks, books, coats, purses, and personal items in the locker assigned to them. The only items allowed in the treatment area are the instrument kit(s), clinic supplies, and patient education materials. You are advised to leave all valuables at home. The college is not responsible for items you bring to school or lose through theft.

Uniforms, books, instruments, and equipment have been predetermined for you to purchase. Students have been/will be informed by instructors of purchasing procedures. Students will only be permitted to use those instruments/equipment as outlined in the course syllabi. Students will not be permitted to bring or utilize any other instruments or equipment (*new or used*) in clinical courses.

7. CLINIC/LABORATORY/LECTURE PROFESSIONAL APPEARANCE

OSHA standards requiring that face shields or safety glasses be worn in clinic/lab will be followed at all times. An impervious gown, gloves and masks (personal protective equipment – PPE) are worn for all intraoral procedures and when handling contaminated items.

No student is permitted in clinic without a clinic uniform when the clinic is in session with patients present. The clinic is neither a passageway nor lounge for students who are not in regularly scheduled clinic sessions. Students are expected to wear prescribed uniforms as established by the Dental Programs while attending all dental classes (clinic/lab/lecture) at Gulf Coast State College or participating in external rotation sites.

- **Uniform**

Uniforms must be clean, pressed, and have an appropriate fit without restraint. Pants must be hemmed so that they do not touch the floor; pants and tops must cover waist and chest area. Tops must be embroidered with the GCSC dental programs logo (available at KLW Sportswear and Embroidery Services located at 516 Commerce Drive, Panama City Beach, FL). No other adornments will be allowed on the uniform.

Dental Assisting:

Ladies – *Cherokee* Infinity scrub top (style #2624A, in color Caribbean Blue) and Cherokee Infinity scrub pants (style #1123A, in color black), black clinic shoes (solid black leather or leather-like without laces), and black crew socks. Lab jacket optional.

Men – *Cherokee* brand **Solid** Black color scrub pants and *Cherokee* brand Black top – with black clinic shoes (solid black leather or leather-like without laces), and black crew socks.

Dental Hygiene:

Ladies: *Cherokee* Infinity scrub top (grape, style- #2624A) and Cherokee Infinity scrub pants (black, style #1123A), with black clinic shoes (solid black leather or leather-like without laces), and black crew socks. Lab jacket optional.

Men: *Cherokee* brand **Solid** Black color scrub pants and *Cherokee* brand Black top – with black clinic shoes (solid black leather or leather-like without laces), and black crew socks.

- **Under Clothes**

Personal underclothing should not be visible beneath (or outside) of the clinic uniform. For warmth, only a solid black shirt is permitted to be worn beneath the scrub top.

- **Gowns**

OSHA approved, fluid resistant washable gowns as specified by Program Coordinators are to be worn only in specified clinical areas. They should NOT be worn in carpeted reception area, waiting room, bathrooms, Dentist’s office or student breakroom and stored within the clinical facility.

- **Shoes**

Solid black leather/leather-like clinic or tennis shoes (without laces) must be worn and kept clean and polished. Storage space/lockers will be provided if you feel you may have difficulty keeping these shoes clean and polished. A second pair of black shoes (street shoes) may be worn to and from the clinic facility if you choose. Regardless, it is required that your shoes appear clean and polished to represent a professional appearance as a clinician.

- **Hosiery**

Only clean black hose or crew socks must be worn; support hose or socks are recommended. NO ankle socks or “footies” are permitted.

- **Personal Hygiene**

Frequent showers, shampoos, and the use of a good antiperspirant are essential for avoiding offending body odor. Perfumes may create reactions in some patients and should be used in moderation.

- **Oral Hygiene**

Students are expected to practice proper oral hygiene habits while serving as a role model for patients. *All students are encouraged to schedule an appointment with a second-year dental hygiene student to obtain an oral prophylaxis if desired or recommended by a faculty member.*

- **Nails**

Short, clean, *unpolished* natural nails no longer than the ends of the fingertips will be enforced. In accordance with the current *CDC Guidelines for Infection Control*, artificial nails or extenders of any kind will not be permitted.

- **Hair**

Keep hair neat, clean and secured away from the face so it will not fall forward during patient procedures. This applies to ponytails and/or braids. Plastic-like (not cloth, ribbon, or feather-like material) hair bands, barrettes, combs, elastic bands and hairpins of solid color may be worn. No hair adornments such as beads, jewelry, or wraps are permissible. Facial hair must be trimmed and allow for the proper fit of a mask.

Head coverings and veils for religious purposes may worn in clinic/lab courses. Please consult Program Coordinator for additional infection control measures.

- **Eye Make-up/False lashes or extensions**

If applicable, false lashes, eye lash extensions or eye make-up should not interfere with protective eye wear.

- **Piercings**

Facial piercings (ears, eyebrow, nose, septum, dimple, lips, etc.) are not permitted in the clinical or laboratory course settings. All facial piercings must be removed prior to scheduled clinical/lab times. In the event that a piercing cannot be removed for a medical reason, the piercing must be covered with a band-aid.

- **Tattoos**

Any visible tattoos on the head, face, neck, chest, wrist, or arm area should be covered in the clinical setting.

- **Jewelry**

It is not permitted to wear head and neck, hand, wrist or ankle jewelry of any kind in the clinical or laboratory course settings. No watches, including Smart watches will be permitted during clinic, labs, or testing. **It is advised not to bring jewelry to campus. GCSC is not responsible for any lost items.**

According to the CDC, studies have demonstrated that skin underneath rings is more heavily colonized than comparable areas of skin on fingers without rings, further studies are needed to establish if wearing rings results in greater transmission of pathogens in health-care settings.

- **PPE (Personal Protection Equipment)**

Treatment gown, gloves, mask, and safety glasses with full side shields or a face shield must be worn when assigned to a patient treatment area or sterilization galley (even if contacts or glasses are regularly worn). These PPE items are worn for all intraoral procedures and when handling contaminated items in the operatory or sterilization galley.

Washable/disposable hair bonnets are to be worn during procedures utilizing mechanized scaling and/or air polishing procedures.

Do not walk around the clinic wearing treatment gloves; it will be assumed that they are contaminated and infection control procedures will have been violated. **PPE items should NEVER be worn outside of the Dental Clinic or Laboratory.**

- **Tobacco Use**

Recognizing our responsibility as health care providers, we have an obligation to present a healthful image to our patients. Smoke from tobacco is a documented health hazard to both the smoker and those nearby.

Facilities and properties owned and/or operated by Gulf Coast State College are tobacco free/smoke free (effective January 1, 2012).

The use, distribution, or sale of tobacco, including any smoking device, or carrying of any lighted smoking instrument, or electronic smoking-simulated instrument, in GCSC buildings or on GCSC premises is prohibited. This includes, but is not limited to all GCSC sidewalks, parking lots, landscaped areas, recreational areas and buildings on any GCSC property and in GCSC owned, rented, or leased vehicles, and at events on GCSC premises.

The inhaling, exhaling, burning, or carrying of any lighted smoking material, including cigarettes, cigars, pipes, or electronic cigarettes is prohibited on college property. The use of other tobacco products, such as smokeless or chewing tobacco, is also prohibited on college property.

Smoking materials must be extinguished prior to entering upon any GCSC property without exception. All tobacco products in use must be disposed of appropriately prior to entering upon any GCSC property, which includes exiting an enclosed vehicle. Improper disposal includes:

1. Spitting smokeless tobacco product;
2. Littering (i.e. discarded cigarette butts, throwing or disposing of cigarette butts out of windows, leaving spit container);
3. Anything that creates a fire hazard.

The Bay Town Trolley stop area is considered campus easement with the right-of-way for Bay Town Trolley riders, and the tobacco free/smoke free policy will not be enforced at the trolley stop.

In addition to the GCSC Smoking Policy, students, faculty and staff are encouraged to not use tobacco anywhere while representing the Dental Programs. Such behavior does not represent responsible health promotion and is not a professional welcome to those seeking our care. The smell of cigarette smoke can be offensive, easily detectable, and could compromise the respiratory health of patients. Do not smoke while in clinic attire. Any individual wishing to obtain information regarding smoking cessation is strongly encouraged to seek advice from any dental faculty member.

- **Food**

College policy prohibits drinking and eating in labs, clinics, or classrooms. Drinks, snacks and food items may be stored/consumed in the designated break area ONLY (i.e. *Cuspid Caf *).

8. PATIENT MANAGEMENT

Utilization of time is critical to the students' performance level. Please prepare treatment operatories, review patient records, and proceed with health care delivery as soon as possible. Do not keep patients waiting unnecessarily. Patients must be escorted to the assigned treatment area for the dental appointment and assisted to the proper exit when completed. Students may not seat patients in their operatories until the clinic Dentist has arrived and the clinic faculty are present in the dental clinic.

Students may not clinically treat other students solely to fulfill clinic requirements. Need for any treatment (for any patient) must be established and documented in the patient's treatment plan/chart.

9. SUPERVISION

A faculty or staff member must be present any time a student is in the dental clinic or laboratory. Arrangements must be made with a faculty or staff member when it is necessary for a student to enter the dental clinic or laboratory other than the assigned sessions.

10. EXTRAMURAL CLINICAL SITES

Students in the Dental Programs are afforded an opportunity to practice in extramural clinical settings to enhance the scope and quality of their allied dental education. The formal contract between Gulf Coast State College and the extramural clinical site requires that students adhere to established policies and guidelines as published in the *Dental Programs Manual* or the privilege of practicing in the extramural setting will be withdrawn by the contracted facility.

Students violating the terms of the agreed upon contract, or failing to demonstrate professional judgment and behavior, conduct, and dress code, will be dismissed from the extramural site and subsequently withdrawn from the Dental Program at Gulf Coast State College. Students are expected to abide by the guidelines and policies as published in the *Dental Programs Manual* when practicing within the institution or an extramural clinical setting. It is possible that students may be required by an extramural site to comply with drug testing prior to participation at such clinical setting.

ENFORCEMENT: The faculty will enforce class (clinic/lab/lecture) dismissal of any student who does not comply with the above **DENTAL CLINIC/LABORATORY/CLASS POLICIES.**

Students who are unwilling to follow these Policies will not be able to participate in clinical, laboratory or lecture activities. Excessive violations (more than 3 documented *Counseling Records*) may result in dismissal from the Dental Program.



DENTAL PROGRAMS COUNSELING RECORD

Student Name: _____ Date: _____

Time Session Begins: _____ Ends: _____ Conference Location: _____ Course: _____

Opportunity for Improvement/Reasons for Conference:

- Excessive Absences _____
- Excessive Tardiness _____
- Academic Deficiency – Grades: Exam _____ Homework _____ Clinical _____ Lab Skills _____
- Objectives not being met or /regulations/policies not followed: Clinical _____ Classroom _____ Lab _____
- Required competencies lacking/Safety violations: _____
- Unprofessional conduct exhibit: Clinic _____ Classroom _____ Lab _____ External/Rotation Site _____

Values defining professionalism in dental education (2009 ADEA Statement on Professionalism in Dental Education)

- Competence
- Fairness
- Integrity
- Responsibility
- Respect
- Service-mindedness

CHECK CONDUCT:

- Use of cell phone in class/clinic/lab/external or rotation site
- Consumption of _____
- Inappropriate attire
- Inappropriate behavior
- Failure to consider patient’s welfare
- Excessive Talking
- Other _____

Description of deficiency/event (Include supporting documentation – if applicable):

Type of Disciplinary Action Taken:

- Verbal counseling regarding deficiencies
- Written warning of deficiencies
- Probationary status (date begun _____)
- Interruption of training (pending review)
- Withdrawal/Dismissal from program– Instructor initiated
- Student may reapply to program
- Withdrawal from program– Student initiated
- Student ineligible to reapply– Reason: _____

CRITICAL INCIDENTS RESULTING IN PROGRAM DISMISSAL

The following critical incidents are considered by the Dental Program faculty to be of such serious nature resulting in potential risk or injury to patients trusting our care. **Such violations may result in immediate dismissal from the Dental Program(s):**

1. Violations of the "College Code of Conduct" as published in the current *Gulf Coast State College Student Handbook*.
2. Violations of the Health Insurance Portability and Accountability Act (HIPAA).
3. Unnecessary ionizing radiation exposure to a patient, classmate, student, staff member or faculty. This includes the *unauthorized* exposure of radiographic images; indicating fictitious patient's name or a radiograph; failure to document radiation exposure in the patient's record or documenting false information. **Written prescription by a licensed Dentist must be obtained prior to exposing radiographs.**
4. Falsifying patient, clinic, student records or failure to document information, including cancellations, broken appointments, transfer of patients, etc.
5. Forgery of student, staff or instructor signatures on any document or in computerized practice management system (Eaglesoft).
6. Deliberate failure to demonstrate satisfactory ethical judgment regarding patient confidentiality and/or handling of patient's records.
7. Canceling or transferring scheduled/assigned patients without authorization of an Instructor.
8. Refusal to provide treatment to a scheduled/assigned patient.
9. Culmination of excused and/or unexcused absences exceeding one-eight (1/8) of the semester may result in student withdrawal. Each circumstance will be evaluated by the respective Course Coordinator and Program faculty. All decisions will be based on the best interest supporting student success.
10. Confirmed substance abuse as documented on the *Reasonable Suspicion/Testing Form*.
11. Breach of aseptic technique/infection control standards compromising the health of a dental clinic patient or other dental personnel/student.
12. Failure to abide by policies as published in the *Dental Programs Manual* and the *Dental Assisting and/or Dental Hygiene Chapters (respectively)*.
13. Any incident which endangers the health and/or safety of a student, patient, staff or faculty member will be considered a critical incident.
14. Failure to continuously meet and/or notify the Course Coordinator and/or Program Faculty of inability to comply with the expectations outlined in the Dental Programs Technical Standards.
15. Unauthorized taking (theft) of dental equipment, supplies, and/or materials from the GCSC Dental Clinic, Laboratory, and/or Classrooms.

GULF COAST STATE COLLEGE
DENTAL PROGRAMS

Responsible Use of Social Media

Introduction

Social media tools, which facilitate both one-to-many communications and presumably private communications, have grown to become a significant part of how people interact via Internet. Because social media are widely used as promotional tools, personal postings on public media sites can sometimes blur the line between the individual and the institutional voice. Gulf Coast State College Dental Programs offers guidance for students, staff, and faculty to protect both their personal reputations and the public image of the GCSC Dental Programs. These guidelines are not intended to regulate how individuals conduct themselves in their personal social media actions and interactions.

There are substantial differences between individuals representing themselves on public social media sites, individuals representing the Dental Programs on public social media sites, and individuals using College-hosted social media. It is clear that even a single instance of improper or ill-considered use can do long-term damage to one's reputation, have potential consequences for a successful dental career, and could jeopardize public trust in the dental profession.

Furthermore, although not intended, never forget as faculty, staff, or an administrator you may always be perceived as a representative of the GCSC Dental Programs. It is therefore in the best interest of the Dental Programs, and all the members of the GSCS community, to provide its employees and students with a roadmap for safe, responsible use of social media.

While this document will provide more specific guidelines to help navigate particular interactions, all these spring from a set of basic principles:

1. Be respectful.
2. Assume anything you post is public, regardless of privacy settings.
3. Assume anything you post is permanent.

INSTRUCTIONAL USE OF SOCIAL MEDIA

A social media site can be used for instructional purposes that foster a sense of community and motivation for students. Instruction, however, should be relegated to the college supported course management system (CANVAS). Private instructional pages that are utilized by invitation only are preferred in order to provide a greater measure of protection for the student. Faculty should not use their own personal social networking pages for instructional use, nor shall faculty link to their personal social networking pages from their private instructional pages.

Student content created and/or posted to fulfill course assignment using social media does not violate students' privacy rights. Posting materials submitted directly to the faculty member may be a violation of FERPA policy. It is important to exercise extreme attention to student information and err on the side of caution in these situations.

Intellectual Property

Intellectual property rights must be respected when utilizing social media networks for either personal or professional purposes. Some social networking applications stipulate that content posted on their sites becomes their property. When posting materials owned by others, an individual bears the responsibility of compliance with licensing and copyright requirements. When in doubt, one should request permission from the publisher, content creator, or owner of the materials. These same considerations should be applied to institutional materials and your colleagues' materials.

FERPA/HIPAA

All legal privacy laws and policies regarding student and patient records must be followed without exception.

The Family Educational Rights and Privacy Act (FERPA) ensures the privacy of —Educational records of students. At no time should information that is considered part of the student's educational record be submitted, posted, or referenced through a social media network.

The following information should NEVER be communicated via a social networking tool:

Grades or test scores	Social security or school ID number	Disability status	Marital status
GPA	E-mail address	Academic standing	Birth date
Disciplinary actions	Attendance record/habits	Telephone number	Financial aid status
Time/day/location/course names of student's current classes	PIN number	Financial obligations owed	

The Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.l. 104-191, 110 Stat. 1936, enacted August 21, 1996) that is intended to provide the portability of health records, must be adhered to at all times. This contains a Privacy Rule which establishes a provision for the use and disclosure of Protected Health Information (PHI). Under no circumstances should patient privacy be violated though the use of social media.

GULF COAST STATE COLLEGE
DENTAL PROGRAMS

Responsible Use of Social Media - Guidelines

Gulf Coast State College Dental Programs students, staff and faculty are personally responsible for any content they post on Social Media platforms.

<p>Be aware of liability You are legally responsible for what you post. Take care not to infringe on copyright, defame or libel others, or otherwise violate the law when posting.</p>	<p>Appropriate use of College logos and branding College logos and branding should only be used on pages maintained by GCSC.</p>
<p>Respect copyright The GCSC Dental Programs supports and respects the intellectual property rights of copyright holders. Content posted on the internet must conform to copyright law. Contact the GCSC Library for help posting copyright-compliant content.</p>	<p>Be respectful of others Keep a cool head when discussing and debating online. Be passionate on matters about which you are passionate, but always be constructive, exercise discretion, and be respectful to those with whom you disagree.</p>
<p>Respect confidentiality Any number of laws and policies (such as HIPAA and FERPA) may affect the confidentiality of information. Be aware of and conform to these laws, as well as broader institutional policies regarding confidentiality of information and good ethical judgment, when posting to social media sites.</p>	<p>No stalking, flaming, or bullying Abusive language, behavior, and content is not appropriate in any context. Do not insult, attack, threaten, or otherwise harass others. Remember that how a message is intended is less important than how it is perceived. If another individual indicates they find behavior threatening, cease this behavior immediately.</p>
<p>Respect privacy Do not discuss situations involving named or identifiable individuals without their consent. Do not post images, audio, or video of individuals without their consent.</p>	<p>Think before posting Privacy settings are not absolute. Anything put online can easily be shared and re-shared, and archiving systems preserve even content that has been deleted. As a result, content posted privately now may appear in search results for many years to come. Post only content you are comfortable sharing with the general public, including current and future employers.</p>
<p>Do no harm Postings, both in content and in substance, must not harm either the college network or the social networks themselves. Do not overload these networks with content that is repetitive, promotional, or will otherwise devalue the service for the rest of the community.</p>	<p>Identify Management When a site or page provides space for the community to interact, usually through comments or other feedback systems, it is important to keep these spaces free of spam and abusive content. Postings in these spaces should be edited to ensure there are no liability issues (i.e. removing links to content that violates copyright or breaks confidentiality rules), but should not be edited because their content is disagreeable.</p>
<p>Be transparent GCSC Dental Programs students and employees should feel free to identify themselves as such when posting to social media sites. The association of a college email address with a social media account does not imply College endorsement of content. An individual must make it clear when they are expressing the opinions of the institution. Add a disclaimer if comments may appear to be coming from the College. Employees should be in coordination with their supervisor prior to initiating a social media account on behalf of their origination(department/college).</p>	<p>Be a valued member of the community When participating in an online community, content of postings should benefit the community as a whole. Consider the nature of the community and the expectations of its members when contributing. Do not use membership purely as a means of promoting yourself or your organization. Do not use the name of the GCSC Dental Programs to endorse products, causes, political parties, or candidates.</p>

Representing the GCSC Dental Programs

When acting as a GCSC Dental Programs representative on social media networks, conduct yourself in a professional manner and follow the general guidelines outlined in this document. Use data and information that is accurate and not misleading. This is a responsibility that should not be taken lightly.

To maintain appropriate professional boundaries, one should consider separating personal and professional content online. Should there be student-faculty-patient interaction via social media platforms, appropriate boundaries and professional ethical guidelines should be maintained as they would in any other context. Should colleagues (student, faculty and/or staff) see posted content that appears unprofessional, they are responsible for bringing it to the attention of their colleague, so that he or she may take appropriate action regarding identity management.

Violations, Concerns, and Dispute Resolution

Student, staff, or faculty actions which violate responsible use of social media as outlined by the GCSC Dental Programs are subject to complaints, program counseling, and/or grievance processes. Violations of these Social Media Guidelines may result in disciplinary action up to and including dismissal from the Dental Programs. In addition, failure to follow Dental Programs policies and the terms of service of social media platforms could expose you to personal legal liability and/or legal action from third parties.

References

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GULF COAST STATE COLLEGE DENTAL PROGRAMS

OCCUPATIONAL SAFETY AND HEALTH BRIEFING

The Occupational Safety and Health Administration (OSHA) is a federal agency that establishes regulations to protect employees from unsafe working conditions. It is the responsibility of all staff, students and faculty to fully understand the hazards associated with the dental workplace and how to avoid/prevent a safety or health problem from occurring.

I. HAZARD COMMUNICATION

- **STATE OF FLORIDA DEPARTMENT OF HEALTH**

Bureau of Community Environmental Health Chapter 64E-16

Florida Administrative Code Biomedical Waste

- II. EMERGENCY MANAGEMENT PLAN/PROCEDURES**
- III. BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**
- IV. INFECTION CONTROL/HAZARD CONTROL POLICY**
- V. IONIZING RADIATION POLICY**

I. HAZARD COMMUNICATION

This section is designed to meet the OSHA HAZARD COMMUNICATION STANDARD - https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10099

The purpose of the Hazard Communication Standard is to provide you with information that will help protect you against hazardous substances in the workplace. Injuries and disease in the workplace can occur for a variety of reasons including fatigue, haste, defective equipment, carelessness, clutter, crowding, inadequate lighting, or improper use of storage. There is no substitute for the individual's personnel safety consciousness in creating a safe working environment.

A. MERCURY HYGIENE

The Dental Programs base its mercury hygiene policies on the American Dental Association's established guidelines for the protection of dental healthcare workers and the environment: <https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/amalgam-separators>

There are various potential sources of mercury vapor in the dental operator: accidental spills, open storage of used capsules, trituration of amalgam, placement, polishing or removal of amalgam, heating of amalgam-contaminated instruments, malfunctioning amalgamators, leaky capsules, and leaky bulk amalgam dispensers. Excessive exposure to mercury and its vapor is damaging to one's health. Fortunately, greater awareness of this problem and the use of pre-encapsulated amalgam have lessened the damages. Attention to the best management practices below will further decrease any threat:

Best Management Practices for Amalgam Waste

DO

Do use precapsulated alloys and stock a variety of capsule sizes

Do recap single-use capsules from precapsulated alloys after use & dispose of properly

Do recycle used disposable amalgam capsules in designated marked container(s)

Do salvage, store and recycle non-contact amalgam (scrap amalgam)

Do salvage (contact) amalgam pieces from restorations after removal and recycle the amalgam waste

Do use chair-side traps, vacuum pump filters and amalgam separators to retain amalgam and recycle their contents.

Do recycle teeth that contain amalgam restorations. (*Note: Ask your recycler whether or not extracted teeth with amalgam restorations require disinfection*)

Do manage amalgam waste through recycling as much as possible

Do use high-volume evacuation with traps and/or filters when finishing or removing amalgam

Do use line cleaners that minimize dissolution of amalgam

Do use care when handling amalgam (including unopened capsules) using appropriate personal protective equipment (PPE)

Do ensure adequate ventilation (air exchange) when handling amalgam

DON'T

Don't use bulk mercury and bulk alloy

Don't allow uncapped single-use capsules to remain open during patient treatment or during disposal

Don't put used disposable amalgam capsules in biohazard containers, infectious waste containers (red bags) or regular garbage

Don't put non-contact amalgam waste in biohazard containers, infectious waste containers (red bags) or regular garbage

Don't put contact amalgam waste in biohazard containers, infectious waste containers (red bags) or regular garbage

Don't rinse devices containing amalgam over drains or sinks

Don't dispose of extracted teeth that contain amalgam restorations in biohazard containers, infectious waste containers (red bags), sharps containers or regular garbage

Don't flush amalgam waste down the drain or toilet

Don't allow waste amalgam to enter the public sewer system

Don't use bleach or chlorine-containing cleaners to flush wastewater lines

Don't handle mercury or freshly mixed amalgam; avoid skin contact

Don't work in poorly ventilated spaces when handling amalgam

Non-contact (scrap) amalgam

- Place non-contact, scrap amalgam in wide-mouthed, container that is marked “*Non-contact Amalgam Waste for Recycling.*”
- Make sure the container lid is well sealed. When the container is full, send it to a recycler.

Amalgam capsules

- Stock amalgam capsules in a variety of sizes.
- After mixing amalgam, place the empty capsules in a wide-mouthed, airtight container that is marked “*Amalgam Capsule Waste for Recycling.*”
- Capsules that cannot be emptied should likewise be placed in a wide-mouthed, airtight container that is marked “*Amalgam Capsule Waste for Recycling.*”
- Make sure the container lid is well sealed. When the container is full, send it to a recycler.

Disposable chair-side traps

- Open the chair-side unit to expose the trap.
- Remove the trap and place it directly into a wide-mouthed, airtight container that is marked “*Contact Amalgam Waste for Recycling.*”
- Make sure the container lid is well sealed. When the container is full, send it to a recycler.
- Traps from dental units dedicated strictly to hygiene may be placed in with the regular garbage.

Reusable chair-side traps

- Open the chair-side unit to expose the trap.
- Remove the trap and empty the contents into a wide-mouthed, airtight container that is marked “*Contact Amalgam Waste for Recycling.*”
- Make sure the container lid is well sealed. When the container is full, send it to a recycler.
- Replace the trap into the chair-side unit (Do **not** rinse the trap under running water as this could introduce dental amalgam into the waste stream.

Vacuum pump filters

- Change the filter according to the manufacturer’s recommended schedule.
- Remove the filter.
- Put the lid on the filter and place the sealed container in the box in which it was originally shipped. When the box is full, the filters should be recycled.
- Filter changes are provided by *Universal Dental Services*.

Amalgam separators

- GCSC utilizes the RBU10-30 Certified Amalgam Separator.
- Recycling of Waste at US EPA Certified Facility, Compliance Documentation, and Notification of Receipt of Waste is provided by *Dental Recycling North America (DRNA)*.

Line cleaners

- Use non-bleach, non-chlorine-containing line cleaners, which will minimize amalgam dissolution.

MANAGEMENT OF MERCURY SPILLS

1. Never use a vacuum cleaner of any type to clean up mercury.
2. Never use household cleaning products to clean up the spill, particularly those containing ammonia or chlorine.
3. Never pour mercury, or allow it to go down the drain.
4. Never use a broom or a paintbrush to clean up the mercury.
5. Never allow people whose shoes may be contaminated with mercury to walk around or leave the spill area until the mercury-contaminated items have been removed.

MANAGEMENT OF SMALL MERCURY SPILLS

A spill is considered small if there are less than 10 grams of mercury present (a pool no larger than the size of a quarter). Small spills can be cleaned safely using commercially available mercury cleanup kits located in the Dental Materials Lab (HS 109) and the Dental Clinic Sterilization Galley (HS 153).

MANAGEMENT OF LARGE MERCURY SPILLS

A mercury spill is considered large if there are more than 10 grams of mercury present (a pool larger than the size of a quarter). Cleanup of large mercury spills requires the use of an experienced environmental contractor who specializes in toxic spill cleanup. Contact your state or local Environmental Protection Agency office for a list of contractors who clean up toxic spills.

ADA Council on Scientific Affairs. Dental mercury hygiene recommendations. JADA 1999;130:1125-6

*All mercury spills must be reported **immediately** to Course Leader and the Dental Programs Coordinator.*

B. NITROUS OXIDE/OXYGEN SEDATION

Nitrous oxide is used in conscious sedation. Based on laboratory animal studies and several published reports of nitrous oxide abuse, high exposure may cause adverse effects, especially neuropathies and spontaneous abortions. When using nitrous oxide/oxygen for conscious sedation, use the minimal concentration necessary to achieve the desired level of sedation. Use a scavenging system and always maintain adequate ventilation. Periodically check nitrous oxide machines, lines, hoses and masks for leakage.

C. DENTAL MATERIALS AND CHEMICALS

Workers in the dental laboratory are exposed to hazards from mechanical devices, metals, noxious vapors, heat, caustic chemicals, and high pressure gas lines. The use of protective gowns, face masks and safety glasses must be worn when working with hazardous dental materials and chemicals.

1. Students and faculty will be fully informed on any hazards associated with these materials before using them. A Safety Data Sheet (SDS) notebook for all products is kept in the Dental Clinic and in the Dental Laboratory for reference.
2. During grinding operation(s) of dental materials, a face mask and safety glasses **MUST** be worn. Hands and fingers should be kept clear of the cutting area. Work with volatile chemicals will be conducted in a well-ventilated area or under an exhaust fan. All dental materials that will be used in the clinic or laboratory will be discussed thoroughly in the Dental Materials course. An eyewash station is located in each lab and clinical area so chemicals that may come in contact with the eyes can be flushed immediately.
3. Fixer chemicals utilized in the darkroom have potential to contain silver; used fixer is collected and recovered by *Southeastern Environmental* for proper disposal.
4. Lead foil packets from radiographic film are collected and recovered by *Southeastern Environmental* for recycling.
5. Management of amalgam waste/mercury is outlined in Section A.

D. FIRE PROTECTION

1. All personnel will be familiar with the evacuation plan and location of the fire extinguishers.
2. Trash and other combustibles will not be allowed to accumulate in the clinic.
3. Smoking is prohibited campus-wide at Gulf Coast State College.
4. Flammables and caustic materials should be stored in a flame retardant metal cabinet that meets Occupational Safety and Health Administration (OSHA)/ National Fire Protection Association (NFPA) Standards. Fire cabinets are located in HS 109 and HS 154/155.
5. In case of fire, call 9-911 from any campus phone, and then report it to the college operator. If necessary, utilize the fire extinguisher from the hallway outside the area.

E. BIOMEDICAL MATERIALS

Infectious waste is waste that has the potential to transmit diseases. Infectious waste includes animal carcasses and waste, blood, bloodborne pathogens, blood products, microbiological waste (i.e. cultures and vaccines), pathological waste (i.e. bodily organs, tissues and fluids removed in the course of surgery, biopsy or autopsy), sharps (i.e. needles and scalpels) and an assortment of other soiled medical paraphernalia (i.e. gowns, gloves, sheets, masks, gauze, bandages, tubes, etc.) that are either reused or disposable. Once the disposable infectious waste has been identified, it should be separated and safely placed in the proper container, such as:

1. Needles and Sharps — Do not recap used needles/cannulas or remove used needles/cannulas from syringes by hand. GCSC requires students and faculty to utilize recapping devices for the purpose of recapping needles/cannulas and should be part of the armamentarium for all procedures. Do not bend, break or otherwise manipulate used needles/cannulas or sharps by hand.
2. Place used needles, cannulas, scalpel blades and other sharp items in a puncture-resistant container (sharps container) and as close to the point of origin (treatment area) as practical. Sharps containers are located in each dental operatory; therefore, sharps should never be transferred out of the operatory for any reason. All sharp containers should have properly labeled warnings. Sharp containers that become full should be closed/sealed prior to leaving the operatory. Once secured, they are to be stored on the designated counter in the Sterilization Galley for collection.
3. Any other infectious wastes should be placed in a designated biohazard waste receptacle located chairside or in the sterilization galley. When the biohazard waste receptacle is full, it should be handled with all PPE and deposited in the large biohazard container located in the sterilization galley.
4. Biomedical waste (including sharps containers) generated in the Dental Clinic/Laboratory is collected by *Brooks Environmental* on a predetermined schedule.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
Bureau of Community Environmental Health
Chapter 64E-16, Florida Administrative Code
Biomedical Waste**

General.	64E-16.001
Definitions.	64E-16.002
Facility Policies and Procedures.	64E-16.003
Storage and Containment	64E-16.004
Labeling.	64E-16.005
Generator Requirements.	64E-16.006
Treatment.	64E-16.007
Transport.	64E-16.008
Registration of Transporters.	64E-16.009
Inspections.	64E-16.010
Permits.	64E-16.011
Fees.	64E-16.012
Enforcement and Penalties.	64E-16.013

64E-16.001 General.

(1) This rule prescribes minimum sanitary practices relating to the management of biomedical waste, including segregation, handling, labeling, storage, transport, and treatment. This rule applies to all facilities that generate, transport, store, or treat biomedical waste to ensure that the waste is properly handled to protect public health. Further, this rule prescribes minimum standards for permitting biomedical waste generators, storage facilities and treatment facilities, and for registering biomedical wastetransporters.

(2) This chapter does not apply to biomedical waste incinerators. This chapter does not apply to linen that is to be laundered and re-used. Further, this chapter does not apply to dead bodies that are disposed of by a person licensed under the provisions of Chapter 470, F.S., or to the transport of bodies, parts of bodies, or tissue specimens in furtherance of lawful examination, investigation, or autopsy conducted pursuant to Section 406.11, F.S. Specimens or samples collected for laboratory testing or use in medical research or teaching are not considered biomedical waste until such time as the material is discarded.

(3) The Department of Health shall regulate the packaging, transport, storage, and treatment of biomedical waste. The Department of Environmental Protection shall regulate biomedical waste incineration and biomedical waste disposal.

(4) Health care providers shall inform their home user clients verbally and in writing of the recommended method for handling biomedical waste generated in the home setting. Health care providers who deliver in-home medical services shall remove or have removed by a registered biomedical waste transporter all biomedical waste generated during

the performance of these services.

(5) Home users should segregate and package their biomedical waste in a manner that reduces the chance of exposure to the public.

(6) Inspections, permitting and enforcement of emergency medical services that generate biomedical waste shall be performed by the Bureau of Emergency Medical Services. Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89, Amended 12-14-92, 1-23-94, 6-3-97, Formerly 10D-104.001.

64E-16.002 Definitions.

For the purpose of this chapter, the following words and phrases shall have the meanings indicated:

(1) American Society for Testing Materials, also referred to as ASTM - A technical society with headquarters located at 100 Barr Harbor Drive, West Conshohocken, Pennsylvania, 19428-2959, which publishes national standards for the testing and quality assurance of materials.

(2) Biomedical waste - Any solid or liquid waste which may present a threat of infection to humans, including nonliquid tissue, body parts, blood, blood products, and body fluids from humans and other primates; laboratory and veterinary wastes which contain human disease-causing agents; and discarded sharps. The following are also included:

(a) Used, absorbent materials saturated with blood, blood products, body fluids, or excretions or secretions contaminated with visible blood; and absorbent materials saturated with blood or blood products that have dried.

(b) Non-absorbent, disposable devices that have been contaminated with blood, body fluids or, secretions or excretions visibly contaminated with blood, but have not been treated by an approved method.

(3) Biomedical waste generator - A facility or person that produces biomedical waste. The term includes hospitals, skilled nursing or convalescent hospitals, intermediate care facilities, clinics, dialysis clinics, dental offices, health maintenance organizations, surgical clinics, medical buildings, physicians' offices, laboratories, veterinary clinics and funeral homes.

(a) Mobile health care units, such as bloodmobiles, that are part of a stationary biomedical waste generator, are not considered individual biomedical waste generators.

(b) Funeral homes that do not practice embalming are not considered biomedical waste generators.

(4) Body fluids - Those fluids which have the potential to harbor pathogens, such as human immunodeficiency virus and hepatitis B virus and include blood, blood products, lymph, semen, vaginal

secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. In instances where identification of the fluid cannot be made, it shall be considered to be a regulated body fluid. Body excretions such as feces and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine, and vomitus shall not be considered biomedical waste unless visibly contaminated with blood.

(5) Contaminated - Soiled by any biomedical waste.

(6) Decontamination - The process of removing pathogenic microorganisms from objects or surfaces, thereby rendering them safe for handling.

(7) Department - The Department of Health or its representative county health department.

(8) Disinfection - A process which results in a minimum Log 6 kill against the vegetative organisms listed in Table 1, and a minimum Log 4 kill against *Bacillus Stearothermophilus* spores utilizing steam or a minimum Log 4 kill against *Bacillus Subtilis* spores utilizing dry heat, chemicals, or microwaves shredding.

(9) Facility - All contiguous land, structures, and other appurtenances which are owned, operated, and licensed as a single entity which may consist of several generating, treatment, or storage units.

(10) Hazardous waste - Those materials defined in Chapter 62-730, F.A.C.

(11) Health Care Provider - Any person who provides medical care or personal services, as that term is defined in section 400.402, F.S., to another individual.

(12) Home User - An individual who generates biomedical waste as a result of self-care or care by a family member or other non health care provider.

(13) Leak resistant - Prevents liquid from escaping to the environment in the upright position.

(14) Outer container - Any rigid type container used to enclose packages of biomedical waste.

(15) Packages - Any material that completely envelops biomedical waste. This includes red bags, sharps containers and outer containers.

(16) Person - Any individual, partnership, corporation, association, or public body engaged in the generation, storage, transport, or treatment of biomedical waste.

(17) Point of origin - The room or area where the biomedical waste is generated.

(18) Public sharps collection program - A cooperative program designed as a non-profit community service to assist the home user in the safe disposal of discarded sharps.

(19) Puncture resistant - Able to withstand punctures from contained sharps during normal usage and handling.

(20) Restricted - The use of any measure, such as a lock, sign, or location, to prevent unauthorized entry.

(21) Saturated - Soaked to capacity.

(22) Sealed - Free from openings that allow the passage of liquids.

(23) Sharps - Objects capable of puncturing, lacerating, or otherwise penetrating the skin.

(24) Sharps container - A rigid, leak and puncture resistant container, designed primarily for the containment of sharps, clearly labeled with the phrase and international biological hazard symbol as described in section 64E-16.004(2)(a), F.A.C., and manufactured with dyes meeting the requirements for incidental metals as described in section 64E-16.004(2)(b)1.b., F.A.C.

(25) Sterilization - A process which results in a minimum Log 6 kill against *Bacillus Stearothermophilus* spores utilizing steam or a minimum Log 6 kill against *Bacillus Subtilis* spores utilizing dry heat, chemicals, or microwave shredding.

(26) Storage - The holding of packaged biomedical waste for a period longer than three days at a facility or in a transport vehicle.

(27) Transfer - The movement of biomedical waste within a facility.

(28) Transport - The movement of biomedical waste away from a facility.

(29) Transport vehicle - A motor vehicle, as defined in Section 320.01 F.S., a rail car, watercraft or aircraft, used for the transportation of biomedical waste.

(30) Treatment - Any process, including steam, chemicals, microwave shredding, or incineration, which changes the character or composition of biomedical waste to render it noninfectious by disinfection or sterilization. Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89, Amended 4-2-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.002.

64E-16.003 Facility Policies and Procedures.

(1) All biomedical waste facilities shall comply with the following:

(a) Biomedical waste mixed with hazardous waste, as defined in Chapter 62-730, F.A.C., Hazardous Waste, shall be managed as hazardous waste.

(b) Biomedical waste mixed with radioactive waste shall be managed in a manner that does not violate the provisions of Chapter 10D-91, F.A.C. The biomedical waste shall be managed in accordance with the provisions of Chapter 64E-16, F.A.C., after the radioactive component has decayed in storage as provided for in Chapter 10D-91, F.A.C., or is otherwise not regulated under Chapter 10D-91,

F.A.C. The packaging requirements of Chapter 10D-91, F.A.C., shall be followed, unless the requirements of Chapter 64E-16, F.A.C., are more restrictive.

(c) Any other solid waste or liquid, which is neither hazardous nor radioactive in character, combined with untreated biomedical waste, shall be managed as untreated biomedical waste.

(d) All surfaces contaminated with spilled or leaked biomedical waste shall be decontaminated as part of the cleaning process.

(2) Each biomedical waste facility shall implement a written operating plan to manage biomedical waste, in accordance with this chapter. This plan shall be available for review by the department and facility personnel. The plan shall include the following: a description of training for personnel; procedures for segregating, labeling, packaging, transporting, storing, and treating, biomedical waste; procedures for decontaminating biomedical waste spills; and a contingency plan for emergencies. Facilities which have multiple specialty services shall include procedures specific to each specialty if procedures vary. Plans shall be updated when regulations, facility policies, or procedures change.

(a) Each facility or their designee shall train new personnel who handle biomedical waste as part of their work responsibilities. This training shall be provided prior to commencement of duties related to biomedical waste handling. Refresher training shall be completed annually by all personnel who handle biomedical waste. Training shall detail compliance with the facility's operating plan and Chapter 64E-16, F.A.C., and shall be maintained as a part of the operating plan.

(b) All biomedical waste management records shall be maintained for 3 years and shall be available for review by the department. Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89 Amended 4-2-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.003.

64E-16.004 Storage and Containment.

(1) Storage.

(a) Storage of biomedical waste at the generating facility shall not exceed 30 days. The 30 day period shall commence when the first non-sharps item of biomedical waste is placed into a red bag or sharps container, or when a sharps container containing only sharps is sealed.

(b) Storage of biomedical waste in a place other than at the generating facility shall not exceed 30 days. The 30 day storage period shall begin on the day the waste is collected from the generator.

(c) Indoor storage areas shall have restricted access and be designated in the written

operating plan. They shall be located away from pedestrian traffic, be vermin and insect free, and shall be maintained in a sanitary condition. They shall be constructed of smooth, easily cleanable materials that are impervious to liquids.

(d) Outdoor storage areas, including containers and trailers, shall, in addition to the above criteria, be conspicuously marked with the international biological hazard symbol as described in paragraph 64E-16.004(2)(b), F.A.C., and shall be secured against vandalism and unauthorized entry. The international biological hazard symbol on an outdoor storage area shall be a minimum of six inches in diameter.

(2) Containment.

(a) Packages of biomedical waste shall remain sealed until treatment, except when compacted in accordance with the requirements of this chapter as stated in section 64E-16.006(2). Ruptured or leaking packages of biomedical waste shall be placed into larger packaging without disturbing the original seal.

(b) All packages containing biomedical waste shall be visibly identifiable with the international biological hazard symbol and one of the following phrases: "BIOMEDICAL WASTE", "BIOHAZARDOUS WASTE", "BIOHAZARD", "INFECTIOUSWASTE", or "INFECTIOUS SUBSTANCE". The symbol shall be red, orange, or black and the background color shall contrast with that of the symbol or comply with the requirements cited in subpart Z of 29 CFR subparagraph 1910.1030(g)(1)(C), Occupational Exposure to Bloodborne Pathogen Standard.



(c) Bags.

1. Biomedical waste, except sharps, shall be packaged and sealed at the point of origin in impermeable, red plastic bags or, at the discretion of the generator, into sharps containers. The international biological hazard symbol shall be at least six inches in diameter on bags 19" x 14" or larger, and at least one inch in diameter on bags smaller than 19" x 14". Each plastic bag shall meet the following physical properties:

a. Impact resistance of 165 grams and tearing resistance of 480 grams in both the parallel and perpendicular planes with respect to the length of the bag. Impact resistance shall be determined using ASTM D-1709-91, and tearing resistance shall be determined using ASTM D-1922-89.

b. Incidental sum concentrations of lead, mercury, hexavalent chromium and cadmium shall be no greater than 100 ppm for dyes used in the

coloration of bags.

(d) Sharps containers.

1. Sharps shall be discarded at the point of origin into single use or reusable sharps containers. Needles and scalpel blades shall not be placed directly into double-walled corrugated containers. Sharps containers must be sealed when full. A sharps container is considered full when materials placed into it reach the designated fill line, or, if a fill line is not indicated, when additional materials cannot be placed into the container without cramming or when no additional materials are to be placed in the container.

2. Permanently mounted sharps container holders shall bear the phrase and the international biological hazard symbol described in paragraph 64E-16.004(2)(a), F.A.C., if this information on the sharps container is concealed by the sharps container holder.

3. Reusable sharps containers shall only be emptied into a treatment cart or directly into a treatment unit. They shall be constructed of smooth, easily cleanable materials, and shall be decontaminated after each use.

4. The international biological hazard symbol shall be at least one inch in diameter on sharps containers.

(e) Outer Containers.

All outer containers shall be rigid, leak-resistant and puncture-resistant. Reusable outer containers shall be constructed of smooth, easily cleanable materials and shall be decontaminated after each use.

(f) The international biological hazard symbol shall be at least six inches in diameter on outer containers 19" x 14" or larger, and at least one inch in diameter on outer containers less than 19" x 14".

Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011, FS. History-New 6-19-89, Amended 4-2-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.004.

64E-16.005 Labeling.

(1) Biomedical waste bags and sharps containers shall be labeled with the generator's name and address unless treatment occurs at the generating facility.

(a) If a bag or sharps container is placed into a larger bag prior to transport, the label for the exterior bag shall comply with paragraph 64E-16.005(1), F.A.C. Inner bags and inner sharps containers are exempt from the labeling requirements of paragraph 64E-16.005(1), F.A.C.

(b) Outer containers shall be labeled with the transporter's name, address, registration number, and 24-hour telephone number prior to

transport.

(2) The transporter may provide labels for bags or sharps containers that are generator-specific, such as bar codes or specific container numbers. Use of these generator-specific labels satisfies the requirements of paragraph 64E-16.005(1)(a), F.A.C.

Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89, Amended 4-2-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.005.

64E-16.006 Generator Requirements

(1) A biomedical waste generator shall not negotiate for the transport of biomedical waste with a person who is not registered with the department as a biomedical waste transporter.

(2) Compacting packages of biomedical waste within the generating facility, except recognizable human tissue, bulk liquids, or sharps, is acceptable provided the following conditions are met:

(a) Packages of biomedical waste shall not be compacted to a density greater than 22 pounds per cubic foot.

(b) Compacted packages of biomedical waste shall not be subjected to further compacting.

(c) Any residual or incidental liquid shall be contained within the inner bag or outer container. Should the inner bag or outer container rupture during compaction, residual or incidental liquids shall be disposed of directly into the sanitary sewer, an on-site sewage treatment and disposal system, or other system approved to receive such wastes by the Department of Environmental Protection or the department.

(d) Discharge of noxious air shall be kept to a minimum through use of HEPA filters having a pore size of 2 microns or less, negative pressure rooms, or other safety methods;

(e) Compacted packages of biomedical waste shall be treated by incineration or other approved treatment process. Treatment processes, such as steam, chemical, gas, dry heat, or microwaving, shall be considered by the department upon written request and microbiological evidence that the proposed process provides the same degree of treatment for compacted waste as for uncompacted waste. Steam treatment systems shall be tested against *Bacillus stearothermophilus* spores, as described in paragraph 64E-16.007(2), F.A.C. Other proposed treatment processes shall demonstrate efficacy using section 64E-16.008 (4), F.A.C.

Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89, Amended 4-2-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.006.

64E-16.007 Treatment.

(1) Biomedical waste shall be treated by steam, incineration, or an alternative process approved by the department as described in section 64E-16.007(4), F.A.C., prior to disposal. Treatment shall occur within 30 days of collection from the generator.

(2) Steam treatment units shall subject loads of biomedical waste to sufficient temperature, pressure, and time to demonstrate a minimum Log 4 kill of *Bacillus stearothermophilus* spores placed at the center of the waste load, and shall be operated in accordance with the following:

(a) Before placing a steam treatment unit into service, operating parameters such as temperature, pressure, and treatment time shall be determined according to the following:

1. Test loads of biomedical waste which consist of the maximum weight and density of biomedical waste to be treated shall be prepared. Separate loads of red bags, sharps containers, boxes, and compacted waste shall be prepared if they are to be treated separately.

2. Prior to treatment, *Bacillus stearothermophilus* spores shall be placed at the bottom and top of each treatment container, at the front of each treatment container at a depth of approximately one-half of the distance between the top and bottom of the load, in the approximate center of each treatment container, and in the rear of each treatment container at a depth of approximately one-half of the distance between the top and bottom of the load.

3. If the operating parameters used during the treatment of the test loads demonstrate a minimum Log 4 kill of *Bacillus stearothermophilus* spores at all locations, the steam treatment unit shall operate under those parameters when placed into service. If the operating parameters fail to provide a minimum Log 4 kill of *Bacillus stearothermophilus* spores at all locations, treatment time, temperature, or pressure shall be increased and the tests must be repeated until a minimum Log 4 kill of *Bacillus stearothermophilus* spores is demonstrated at all locations. The steam treatment unit shall be operated under those parameters when placed into service. Tests shall be repeated and new parameters established if the type of biomedical waste to be treated is changed.

(b) When operating parameters have been established and documented using the criteria in paragraph 64E-16.007(2)(a), F.A.C., the steam treatment unit may be placed into service.

(c) The steam treatment unit shall be serviced for preventive maintenance in accordance with the manufacturer's specifications. Records of maintenance shall be onsite and available for review.

(d) Unless a steam treatment unit is

equipped to continuously monitor and record temperature and pressure during the entire length of each treatment cycle, each package of biomedical waste to be treated will have a temperature tape or equivalent test material such as a chemical indicator placed on a non-heat conducting probe at the center of each treatment container in the load that will indicate if the treatment temperature and pressure have been reached. Waste shall not be considered treated if the tape or equivalent indicator fails to show that a temperature of at least 250 degrees F (121 degrees C) was reached during the process.

(e) Each steam treatment unit shall be evaluated for effectiveness with spores of *Bacillus stearothermophilus* at least once each 7 days for permitted treatment facilities, or once each 40 hours of operation for generators who treat their own biomedical waste. The spores shall be placed at the center of the waste load. Evaluation results shall be maintained onsite and available for review.

(f) A written log shall be maintained for each steam treatment unit. The following shall be recorded for each usage:

1. The date, time, and operator name;
2. The type and approximate amount of waste treated;
3. The post-treatment confirmation results by either
 - a. recording the temperature, pressure, and length of time the waste was treated, or
 - b. the temperature and pressure monitoring indicator;

(g) A current written operating procedure shall specify, at a minimum, the following:

1. Parameters, determined from testing, that provide consistent treatment, such as exposure time, temperature, and pressure.
2. Identification of standard treatment containers and placement of the load in the steam treatment unit.

(3) Incineration of biomedical waste shall be achieved in a biological waste incinerator permitted by the Department of Environmental Protection.

(4) An alternative treatment process, such as chemical, gas, dry heat, or microwave shredding, shall be considered by the department upon receipt of a written request. The written request shall be directed to the State Health Officer and shall include:

- (a) The specific treatment process and type of facility for which acceptance is sought;
- (b) The reason for the request;
- (c) Microbiological evidence, using the organisms listed in Table 1, that the proposed process provides sterilization or a satisfactory level of disinfection. Using the protocol described in section 64E-16.007(4), F.A.C., alternative treatment systems must show either:

1. For disinfection, a minimum Log 6 kill

for the vegetative organisms listed in Table 1 and a minimum Log 4 kill against *Bacillus Stearothermophilus* spores utilizing steam or a minimum Log 4 kill against *Bacillus Subtilis* spores utilizing dry heat, chemicals, or microwave shredding, or

2. For sterilization, a minimum Log 6 kill against *Bacillus Stearothermophilus* spores utilizing steam or a minimum Log 6 kill against *Bacillus Subtilis* spores utilizing dry heat, chemicals, or microwaveshredding.

Table 1

1. Bacteria
 - a. Bacillus spores - mandatory, species determined by treatment process
- Any two
 - b. Enterococcusfaecalis
 - c. Pseudomonasaeruginosa
 - d. Staphylococcus aureus
 - e. Nocardia species
2. Mycobacteria species - any one
 - a. Mycobacterium bovis
 - b. Mycobacterium fortuitum
3. Fungus - any one
 - a. Candida albicans
 - b. Aspergillus fumigatus
4. Protozoa - Giardia intestinalis or similar
5. Virus - Poliovirus or similar

(d) Each step of the efficacy testing must be thoroughly described in the application for approval. A detailed description of the treatment process, preparation of organisms, preparation of test loads, recovery of organisms, and raw data must be provided.

(e) To begin the efficacy testing, two challenge loads must be sterilized. These loads must be composed of materials commonly found in biomedical waste (tissues, sharps, plastics, glass, woven materials, blood and blood products, etc.), and must be of adequate quantity to equal the maximum capacity of the treatment system. The test load must be fully described (weight, moisture content, composition, etc.).

(f) The purity of all organisms and spores must be certified by a clinical or commercial laboratory. Each organism must be processed separately and placed in the test load in the most difficult location to treat. Before each test run, the total number of viable test organisms must be determined and documented. Treatment of the test load must take place within thirty minutes of inoculating the load with the test organism.

(g) The test load containing the test organism must be processed without the agent (e.g. chemical, microwaves, etc.) used to kill the test organisms. If this agent is a liquid, it must be

replaced with an equal amount of sterile saline solution or tapwater. After the test load has completed one cycle in the treatment device, a minimum of three grab samples must be taken from the test load and the number of test organisms present determined. If the number of organisms recovered after the test run is less than Log 6, the number of organisms originally introduced into the device must be increased, and the run must be performed again, until at least Log 6 organisms are recovered. If the number of organisms recovered from the test run is Log 6 or greater, there is an adequate number of organisms being introduced into the device, and the inoculum size should be equal to this number.

(h) Using the inoculum size determined in the above procedure, the second sterilized test load must be inoculated separately. During these test runs, the chemical or physical agent used to treat the waste must be used.

(i) After each test run is completed, the log kill for that particular organism or spore must be calculated. The number of organisms that were not recovered from the initial (non-treating) test run must be subtracted from the number of organisms that were introduced into the second (treatment) run. The number of organisms that survive the treatment process must be subtracted from the first calculation. The resulting figure is the log kill provided by the treatment process.

(J) Approved alternative treatment processes, except single-use, shall meet the requirements of subsection 64E-16.007(2)(e).

(5) Biomedical waste may be disposed into a sanitary sewer system, an onsite sewage treatment and disposal system, or other system approved to receive such wastes by the Department of Environmental Protection or the department, if it is in a liquid or semi-solid form and aerosol formation is minimal.

(6) Body tissues that have been histologically fixed are considered treated biomedical waste. Tissues prepared by frozen sectioning only are not considered treated.

(7) Acute care hospitals, licensed under Chapter 395, F.S., which utilize a certified onsite treatment process involving grinding and treatment, may dispose of such treated biomedical waste in the normal municipal solid waste stream upon notifying the local government responsible for solid waste collection and disposal under the following conditions:

(a) For the purposes of this chapter, certified shall mean that the treatment process is a steam treatment, or has been approved as an alternative biomedical waste treatment process under section 64E-16.007(4), F.A.C.

(b) For the purposes of this chapter, grinding shall also mean shredding or hammermilling.

(c) If grinding takes place prior to

treatment, procedures that minimize the chance of exposure to waste handlers must be developed and implemented should the grinder fail or become jammed.

(d) Individuals operating the treatment unit must be trained in all aspects of its operation, including contingency procedures.

(e) Acute care hospitals must inform the department in writing of the installation of the unit at least 30 days prior to placing the unit into service.

(f) Inspection of the unit, including treatment and maintenance records, will occur during the annual inspection for the hospital's biomedical waste permit.

Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89, Amended 4-2-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.007.

64E-16.008 Biomedical Waste Transport

(1) No registered transporter may knowingly accept biomedical waste for transport unless it has been properly segregated, packaged, and labeled.

(2) Each registered transporter shall provide the generator with a receipt of pick-up.

(3) During transport, no registered transporter shall compact biomedical waste or allow it to leak into the environment.

(4) Transfer of biomedical waste from one transport vehicle to another is not allowed unless the transfer occurs at a permitted storage or treatment facility, except as provided in paragraph 64E-16.008(10)(a), F.A.C. Intermodal transfers of biomedical waste are allowed provided transport shipping seals remain intact.

(5) Any registered transporter who unknowingly fails to comply with subsections (3) or (4) of this section because such biomedical waste has not been properly segregated or separated from other solid wastes by the generating facility is not guilty of a violation under this rule.

(6) No registered transporter shall knowingly deliver biomedical waste for storage or treatment to a facility which does not have a valid permit issued by the department.

(7) All transport vehicles containing biomedical waste shall be visibly identified with the business name, registration number, a 24 hour telephone number, and placards showing the phrase and the international biological hazard symbol as described in paragraph 64E-16.004(2)(a). The symbol shall be at least six inches in diameter.

(8) All transport vehicles containing biomedical waste shall be fully enclosed and secured when unattended.

(9) Registered transporters shall notify the department within one working day by telephone

and shall submit a follow-up report to the department within 10 days, in writing, if there is an accident that results in a spill of biomedical waste.

(10) In case of an emergency situation, including mechanical failure, the following is allowed:

(a) If the emergency occurs during transport, biomedical waste may be transferred to another transport vehicle, including a rental vehicle, without being at a storage or treatment facility.

(b) If a rental vehicle is used, the department shall be notified of its use on the first working day after the emergency. A copy of the written authorization from the rental agency stating awareness of the intended use of the vehicle shall be submitted to the department within seven days.

(c) Biomedical waste shall be removed and transported to a permitted storage or treatment facility within 24 hours of the emergency.

(d) Before return to the rental agency, the vehicle shall be decontaminated.

Specific Authority: 381.0098 F.S. Law Implemented 381.0098 FS. History-New, 6-3-97, Formerly 10D-104.0073.

64E-16.009 Registration of Biomedical Waste Transporters.

(1) Biomedical waste transporters shall be registered with the department. Biomedical waste generators transporting less than 25 pounds of their own biomedical waste, in their own transport vehicle, on any single occasion, are exempt from transporter registration, fee, and placarding requirements of this chapter.

(2) Each owner or operator of a transport vehicle shall submit to the department a completed application for registration on form DH 4106, herein incorporated by reference.

(3) Biomedical waste transporter registrations shall expire on September 30 each year. Renewal applications will not be considered complete without the submission of an annual report on form DH 4109, herein incorporated by reference. Biomedical waste transporters with valid registrations, on the effective date of this chapter, shall renew their registration by September 30 following the expiration date of their existing registration.

(4) Registered transporters shall notify the department in writing within 30 days of any changes made to their registration form currently on file with the department.

(5) Any registered biomedical waste transporter is subject to having their biomedical waste transporter registration denied, suspended, or revoked, pursuant to Section 381.0098, F.S., and in accordance with the procedural requirements of Section 120.60, F.S., upon a finding by the department that the transporter:

(a) Has submitted false or inaccurate

information in the application or annual report;

(b) Has violated the provisions of any statute or rule which the department is authorized to enforce;

(c) Has refused to allow inspection of records or equipment by department personnel. Specific Authority 381.0098 FS. Law Implemented 381.0098 FS. History-New, 6-3-97, Formerly 10D-104.013.

64E-16.010 Inspections.

(1) Department personnel shall inspect registered transport vehicles, permitted generators, storage, and treatment facilities at least once a year. Those facilities exempted from the registration and fee requirements under subsection 381.0098(4), shall be inspected at least once every three years. Reinspections may be conducted when a facility is found to be in non-compliance with this chapter. Results of each inspection shall be recorded on a form provided by the department.

(2) To provide consistency of inspections throughout the state, all department personnel who inspect biomedical waste facilities shall attend training annually, which shall be approved by the Bureau of Environmental Health Programs. Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098 FS. History-New 12-14-92, Amended 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.0075.

64E-16.011 Permits

(1) All biomedical waste facilities, except those facilities operating under a Department of Environmental Protection permit, shall obtain a permit from the department annually. Application forms and annual report forms used by the public may be obtained from the environmental health section of the county health department in the county of their location or from the Department of Health, Bureau of Facility Programs, 4052 Bald Cypress Way, Bin A08, Tallahassee, Florida 32399-1710. All forms listed in this section are incorporated by reference.

(a) A biomedical waste generator, who produces or treats less than 25 pounds of biomedical waste in each 30 day period, shall be exempt from all permit and fee requirements of this chapter.

(b) Application for an initial biomedical waste generator permit or exemption from permitting shall be submitted to the department on form DH 4089, Application for Biomedical Waste Generator Permit/Exemption, 8/98. Biomedical waste treatment facilities which were constructed prior to December 31, 1995, or for which an operation permit was submitted to the Department of Environmental Protection prior to December 31, 1995, shall meet the requirements of this chapter at the time of

renewal of their existing permit.

(c) Application for an initial biomedical waste storage facility permit shall be submitted to the department on form DH 4107, Application for Biomedical Waste Storage Permit, 8/98.

(d) Application for an initial biomedical waste treatment facility permit shall be submitted to the department on form DH 4111, Application for a Biomedical Waste Treatment Permit, 8/01. Renewals will not be considered complete without the submission of an annual report submitted on form DH 4110, Biomedical Waste Treatment Facility Annual Report, 8/01.

(e) Application for an initial biomedical waste sharps collection program permit shall be submitted to the department on form DH 4108, Application for Biomedical Waste Sharps Collection Program Permit, 8/98.

(f) Permits shall not be transferable from one person to another. In the event of an address or name change, an amended application for permit shall be submitted to the department. A permitted generator may work at a branch office for no more than six hours in any seven day period without applying for an additional permit. These generators must notify the local county health department biomedical waste coordinator of the existence and operating hours of the branch office.

1. In the event of a change of ownership of the facility or a newly constructed facility, an application for an initial permit shall be submitted to the department within 30 days of the commencement of business.

2. When a facility is leased by the owner to a second party for operation, the second party shall apply to the department for an initial permit within 30 days of the commencement of business. The second party shall be held responsible for the operation and maintenance of the facility.

(g) Permits shall expire on September 30 each year. The permit, or a copy thereof, shall be maintained within the facility and shall be made available for review by department personnel.

(2) Persons engaged in a sharps collection program with single or multiple facility locations may operate under a single permit provided:

(a) The sharps collection program is open to the general public;

(b) A list identifying the location of each facility is attached to the application; and

(c) Each facility meets the applicable permit requirements.

Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, FS. History-New 12-14-92, Amended 1-23-94, 6-3-97, Formerly 10D-104.0076, Amended 11-5-02.

64E-16.012 Fees

(1) State-owned and operated biomedical waste facilities are exempt from the permit fee.

(2) Fee schedule .

Generator Permit:	
(application received by October 1)	\$85.00
(application received after October 1)	\$105.00
Treatment Permit:	
(application received by October 1)	\$85.00
(application received after October 1)	\$105.00
Storage Permit:	
(application received by October 1)	\$85.00
(application received after October 1)	\$105.00
Transporter Registration (one vehicle):	
(application received by October 1)	\$85.00
(application received after October 1)	\$105.00
Additional Vehicle	\$10.00

No fee or combination of fees shall exceed the maximum amount established by the statute.

(3) All fees collected pursuant to this section shall be placed in a specially designated account within the individual county health department trust fund to be used to meet the cost of administering the biomedical waste program described in this chapter.

Specific Authority: 381.006, 381.0098(4) FS. Law Implemented 381.006, 381.0098 FS. History-New 12-14-92, Amended 1-23-94, 6-3-97, Formerly 10D-104.0078, Amended 1-12-09.

64E-16.013 Enforcement and Penalties.

(1) According to section 381.0025, F.S., any person who generates, transfers, treats, stores, transports or disposes of biomedical waste in violation of this chapter; or who interferes with, hinders, or opposes any employee of the department in the discharge of his duties, or who impersonates an employee of the department, is chargeable with a misdemeanor of the second degree, punishable as provided in sections 775.082 and 775.083, F.S.

(2) For violation of any provision of Chapter 64E-16, F.A.C., the department shall deny, suspend or revoke any biomedical waste permit or impose an administrative fine of up to \$2500 per day for each violation of this chapter or pursue other enforcement action authorized by law. In determining the type and degree of enforcement action necessary, the department shall take into consideration the following:

(a) The gravity of the violation, including

the probability that death or serious physical harm to any person may result or has resulted, the severity of the actual or potential harm, and the extent to which the provisions of the applicable statutes or rules were

violated.

(b) Actions taken by the owner or operator to correct violations.

(c) Any previous violations.

Specific Authority 381.0061, 381.0098(5) FS. Law Implemented 381.0012, 381.0025, 381.006, 381.0061, 381.0098, 395.002(13), 395.1011, 775.082, 775.083 FS. History-New 6-19-89, Amended 12-14-92, 1-23-94, 6-3-97, Formerly 10D-104.008, Amended 11-5-02.

II. EMERGENCY MANAGEMENT PLAN/PROCEDURES

Gulf Coast State College is committed to ensuring the safety of its staff, students and visitors. Emergencies, disasters, accident and injuries can occur in any setting and at any time, usually without warning. Being prepared physically and psychologically to handle emergencies is an individual responsibility as well as an organizational one. The Emergency Management Plan/Procedures involves all administrative staff, full time instructors, adjunct instructors, students and volunteers.

DENTAL CLINIC (Patient Emergency)

1. **DO NOT leave the patient to get help.**
2. Verbally alert the nearest faculty or student, **"Code Blue, Chair #"**
 - If the individual stops breathing and requires resuscitation: *Follow cardiopulmonary resuscitation (CPR) guidelines for the Health Care Provider as developed by the American Heart Association or Red Cross.*
3. The attending faculty (Dentist, CDA, and/or RDH) will proceed directly to the dental chair where the emergency is occurring and assist accordingly.
 - The attending faculty will direct another student to:
 - Bring the emergency cart and oxygen tank to the appropriate dental chair.
 - Observe, record, and complete information sheet on attached clipboard to be secured in the patient/student chart following the emergency.
 - The attending faculty will direct someone to call 9-911 if deemed necessary. Caller should provide the 911 operator with information regarding the patient age, gender, and symptoms of emergency and ask for immediate ambulance service. When notifying the ambulance service, be specific:

*"Gulf Coast State College
Health Sciences Building Dental Clinic - HS 135
(located across the street from the FSU PC campus)
"Someone will meet you outside and direct you to the Dental Clinic."*
 - The receptionist/administrative assistant will assign a student to wait at the front door for the ambulance service and direct the response team to the Dental Clinic.
 - It is the responsibility of the faculty member to immediately report the incident and to complete the appropriate *Accident-Incident Report* form. The faculty member submits the completed form as soon as possible to the Program Coordinator.
4. All student assistants and/or student hygienists, other than the one involved with the individual, will remove themselves from the immediate emergency area and be attentive and reassuring to the patients in the other chairs. Do not share details of the emergency with any other person(s) other than those involved directly with the individual of concern. Students will be directed as to whether other patients in the clinic should be dismissed as the emergency situation is being addressed.

5. Notify the Dental Assisting or Dental Hygiene Program Coordinator, Laurie Womble (ext. 5842) or Miranda Stewart (ext. 3244) and the Health Sciences Division Chair, Laura Justice (ext. 3828) of the emergency in the Dental Clinic.

DENTAL LABORATORY (Student Emergency)

1. **DO NOT leave the individual to get help.**
2. Verbally alert the nearest faculty or student, **"Code Blue"**
 - If the individual stops breathing and requires resuscitation: *Follow cardiopulmonary resuscitation (CPR) guidelines for the Health Care Provider as developed by the American Heart Association or Red Cross.*
3. The attending faculty (Dentist, CDA, and/or RDH) will proceed directly to the location where the emergency is occurring and assist accordingly.
 - The attending faculty will direct another student to:
 - Bring the first aid and vital signs kit to the appropriate location.
 - Observe, record, and complete information sheet on attached clipboard to be secured in the patient/student chart following the emergency.
 - The attending faculty will direct someone to call 9-911 if deemed necessary. Caller should provide the 911 operator with information regarding the patient age, gender, and symptoms of emergency and ask for immediate ambulance service. When notifying the ambulance service, be specific:

*"Gulf Coast State College
Health Sciences Building Dental Clinic -
HS 135 (located across the street from the
FSU PC campus)
"Someone will meet you outside and direct you to the Dental Lab."*
 - The faculty will assign a student to wait at the front door for the ambulance service and direct the response team to the Dental Laboratory.
 - It is the responsibility of the faculty member to immediately report the incident and to complete the appropriate *Accident-Incident Report* form. The faculty member submits the completed form as soon as possible to the Program Coordinator.
4. All student assistants and/or student hygienists will remove themselves from the immediate emergency area. Do not share details of the emergency with any other person(s) other than those involved directly with the individual of concern. Students will be directed as to whether class will be dismissed as the emergency situation is being addressed.
5. Notify the Program Coordinator, Laurie Womble (ext. 5842) or Miranda Stewart (ext. 3244) and the Health Sciences Division Chair, Laura Justice (ext. 3828) of the emergency in the Dental Laboratory.

EMERGENCY EQUIPMENT

- Automated External Defibrillator (AED)
- Emergency Cart
- Fire Blanket
- Fire Extinguishers
- First Aid Kit and/or Vitals Kit
- Oxygen Tank
- Spill Kit (Biological/Chemical)
- Eye Wash Stations
- Mercury Spill Kit

LOCATIONS OF EMERGENCY EQUIPMENT

DENTAL CLINIC (HS First Floor)

Two eyewash stations are located in the Dental Clinic; one in the darkroom (HS 152) and one in the Sterilization Galley (HS 153). Four Fire Extinguishers are located in the Dental Clinic: 1.) reception area next to the curved metal fire door, 2.) on the wall adjacent to dental hygiene lockers, 3.) on the hallway wall outside HS 143 and 4.) in the Dental Clinic laundry room (HS149). The Emergency Cart and the Oxygen Tank are stored in the clinical supply/dispensary room (HS 154/155) in the Dental Clinic. The AED, Fire Blanket, First Aid Kit, and Mercury Spill Kit are permanently mounted on the wall across from the student mailboxes. **When clinic is in session, the Emergency Cart and Oxygen Tanks MUST be located on the clinic floor (HS 137 vestibule) with the AED, Fire Blanket, First Aid Kit, and Mercury Spill Kit.** The key to the Emergency Cart is located in the lock box (mounted on the wall) behind the wooden door adjacent to the patient charts. At the beginning of each patient treatment session, the Emergency Cart lid is to be unlocked and the key placed inside the lid. In order to retrieve contents from the emergency cart drawers, the lid must be raised and the side button should be depressed to unlock the individual drawers. When the clinic session concludes, the Emergency Cart is relocked, the key is returned back to the lock box behind the wooden door in the receptionist's office and the Emergency Cart and Oxygen tanks are returned to the dispensary where they remain secured between clinical sessions.

There is a second AED located on the first floor of the Health Sciences Building on the wall next North Entrance (main entry door) for the Health Sciences building.

DENTAL LABORATORY (HS 109)

An eyewash station is located in the Dental Lab (HS 109) on the west wall. The Fire Extinguisher, First Aid/Vitals Kit, and Mercury Spill Kit are located on the north wall between the windows.

MAINTENANCE OF EQUIPMENT

The Program Coordinators are responsible for monitoring maintenance and replacement of the Eye Wash Stations, First Aid/Vitals Kit, Spill Kits, Mercury Spill Kits, and Oxygen Tank. Damien South (Ext.3582) is responsible for monitoring and replacing the batteries in the AED units. GCSC Facilities and Maintenance is responsible for ensuring the fire extinguishers are inspected and maintained regularly. The Clinic Dentist is responsible for the maintenance and expiration control of all items in the Emergency Cart.

EVACUATION LOCATIONS

The George Tapper Health Science Building has 6 points of entry/exit.

- 1-West side of building
- 1-East side of building
- 1-North side of building at main entrance
- 1-North side of building: DENTAL CLINIC
- 2-East side of Building: Dental Clinic break room (HS 148) & Dental Hygiene Clinic (HS 135)

In the event of a fire alarm, or an actual fire refer to the Emergency Response Guide and use nearest exit to evacuate the building.

Emergency Response Guide

EMERGENCY PHONE NUMBER

FSU Police (850) 774-2705 -or- 911

After hours 11pm - 7am
call PCPD 872-3112

GENERAL PRINCIPLES

PROTECT YOURSELF →

WHEN CALLING:

- Tell dispatcher your location - Building & Room Number (listed above).
- Answer all the dispatcher's questions and DO NOT hang up until told to do so.
- Follow all directions given by emergency personnel.

CRIMINAL ACTS



Acts IN PROGRESS/Suspicious Activity

- Call FSU Police (850)774-2705 -or- 911

After hours 11pm - 7am
call PCPD 872-3112

MEDICAL EMERGENCY



CALL 911 →

If trained, begin First Aid →

Call FSU Police (850) 774-2705

FIRE ALARM OR ACTUAL FIRE

911



Fire in building →

Evacuate area & pull Fire Alarm →

Use nearest exit or alternate safe route →

CALL 911

Call from assembly point or neighboring building*

Fire alarm strobes →

Evacuate area →

Do NOT use elevators

* Stay 500 ft. away from building. Do NOT return to the building until ALL CLEAR is given.

NATURAL DISASTER/SEVERE WEATHER



Natural Disaster or Severe Weather
e.g. Tornado

WARNING
Severe Weather has been sighted
WATCH
Conditions are favorable for the development of severe weather

Seek appropriate shelter
e.g Interior Hallways

Stay away from windows
Avoid large rooms.
Do NOT use elevators.
Monitor news and weather broadcasts.

III. BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

This section is designed to meet the OSHA BLOODBORNE PATHOGEN STANDARD - https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS

This plan sets forth the specific requirements to prevent the transmission of Bloodborne diseases to faculty, students, and patients within the Dental Programs. Students, staff, and faculty are expected to review and become familiar with this Standard. More specific details, procedures and competency sheets will be introduced in DEH 1002 and/or DEA 0020C and practiced in all subsequent clinical and radiography courses.

A copy of the exposure control plan and the standard is accessible to all faculty, students, and patients and is maintained by all Dental Program faculty and staff.

1. METHOD OF TRAINING

- a. *Infection Control, Airborne Precautions, and HIV/AIDS* training will be provided during the GCSC Interprofessional Healthcare Training offered at the beginning of the Fall and Spring semesters. All dental students must attend this training prior to beginning classes in either the Dental Assisting or Dental Hygiene program. A knowledge assessment of the Bloodborne Pathogen Standard will be expected in DEH 1002 and/or DEA 0020C.
- b. Read and acknowledge the written guidelines and standard operating procedures for the Dental Programs contained within the Exposure Control Plan.
- c. Successfully complete all competency evaluations pertaining to this standard, infection control procedures and standard operating procedures.

2. SCHEDULE AND METHOD OF IMPLEMENTATION

- a. All existing practices shall be reviewed and updated annually (or as current literature designates) during Dental Programs faculty workshops and/or provided as an addendum.
- b. New protocols will be fully implemented whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure.
- c. Faculty and students will attain training in *Infection Control, HIV/AIDS, and Airborne Precautions* during the onboarding process as a employee/student as provided by GCSC Interprofessional Healthcare Training.

3. METHODS OF COMPLIANCE

- a. Infection Control (Standard Precautions) and Housekeeping procedures as outlined in the "Infection Control/Hazard Control Policy" shall be utilized to prevent contact with blood or other potentially infectious fluids or materials. For this purpose, all body fluids shall be considered potentially infectious.
- b. Engineering and work practice controls shall be utilized to eliminate or minimize the exposure of faculty, students, and patients to potentially infectious materials (i.e. Sharps containers).

EXPOSURE CONTROL PLAN

In accordance with OSHA Bloodborne Pathogen standard, 29 CFR 1910.1030, the following exposure control plan has been developed for the Dental Programs at Gulf Coast State College.

The Dental Programs have an obligation to maintain standards of health care and professionalism that are ethically and legally correct and that are consistent with the public's expectations of the health professions. The following guidelines are established and practiced by all dental health personnel (faculty, staff, and students) while as an employee, volunteer, or student with the Dental Assisting or Dental Hygiene program.

1. All dental personnel are ethically obligated to provide patient care with compassion and respect for human dignity, respecting the rights of privacy and confidentiality of patients with infectious diseases.
2. Dental personnel will not refuse to treat or discriminate in any way against a patient solely because the patient has an infectious disease, or is at risk of contracting an infectious disease. This covers any disease process such as human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), or Hepatitis infections. The one exception to this policy would be anyone with contraindications for dental treatment during active infection. Those individuals will not be treated in the dental clinic or assigned to the clinical procedures until treatment is completed and a medical clearance has been received.
3. All dental personnel will adhere to the established protocol of infection control and bloodborne pathogen training that is provided to all personnel initially and through annual updates. This protocol follows current OSHA and CDC guidelines and meets current federal, state, and local guidelines.
4. Gulf Coast State College will facilitate the testing of faculty and staff that are employed by the college. Further, the college will make available the Hepatitis B vaccine and appropriate vaccine follow-up to employees, in accordance with OSHA regulations.
5. Students are aware through orientation procedures that they are responsible for themselves in that they must demonstrate proof of immunity, be immunized, or formally decline vaccination for the Hepatitis B virus as part of their preparation for clinical training.
6. All dental personnel are strongly encouraged to be immunized against Hepatitis B and COVID-19. Other immunizations required includes measles, mumps, rubella, TDap, polio, varicella, and a negative or cleared tuberculosis test and maintain those immunizations as current based upon CDC recommendations.
7. Furthermore, Gulf Coast State College is ethically obligated to protect the privacy and confidentiality of any patient, faculty member, staff member, volunteer, or student who has tested positive for an infectious disease. Dental personnel who pose a risk of transmitting an infectious disease must consult with appropriate health-care professionals to determine whether continuing to provide professional services represents a risk to patients. In this event, that person should cease all patient contact procedures and so inform the Dental Assisting or Dental Hygiene Program Coordinator and Health Sciences Division Chair.
8. The Health Sciences Division Chair will take steps consistent with the advice of appropriate healthcare professionals and with current federal, state, and local guidelines to ensure that such individuals will not engage in any professional activity that would create a risk of transmission of the infection to others. In addition, for employees of the college, the Health Sciences Division Chair will facilitate appropriate counseling and follow-up care.

EXPOSURE DETERMINATION

OSHA requires employers to perform an exposure determination concerning which students and employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which employees may be expected to incur such occupational exposure, regardless of frequency. OSHA categorizes exposure evaluation as it relates to specific job descriptions. The categories are as follows:

Category 1: Tasks that involve exposure to blood, body fluids or tissues

Category 2: Tasks that do not involve exposure during normal work routine but may perform unplanned Category 1 such as clean-up, instrument processing or helping with dental procedures.

Category 3: Tasks that involve no exposure to blood, body fluids or tissues.

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since all employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

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

- Dentist
- Hygienist
- Chairside Assistant
- Expanded Function Assistant
- Rotating or Rover Assistant
- Dental Program Faculty
- Dental Assisting Students
- Dental Hygiene Students
- Maintenance Staff

CATEGORY II: Tasks that do not involve exposure during normal work routine but may perform unplanned Category 1 such as clean-up, instrument processing or helping with dental procedures.

- Sterilization Assistant
- Radiography Assistant

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

- Student Worker
- Dental Office Receptionist

OSHA[®] FactSheet

Bloodborne Pathogen Exposure Incidents

OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) requires employers to make immediate confidential medical evaluation and follow-up available for workers who have an exposure incident, such as a needlestick. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM), as defined in the standard that results from the performance of a worker's duties.

Reporting an Exposure Incident Exposure

Incidents should be reported immediately to the employer since they can lead to infection with hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), or other bloodborne pathogens. When a worker reports an exposure incident right away, the report permits the employer to arrange for immediate medical evaluation of the worker. Early reporting is crucial for beginning immediate intervention to address possible infection of the worker and can also help the worker avoid spreading bloodborne infections to others. Furthermore, the employer is required to perform a timely evaluation of the circumstances surrounding the exposure incident to find ways of preventing such a situation from occurring again.

Reporting is also important because part of the follow-up includes identifying the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law, and determining the source's HBV and HIV infectivity status. If the status of the source individual is not already known, the employer is required to test the source's blood as soon as feasible, provided the source individual consents. If the individual does not consent, the employer must establish that legally required consent cannot be obtained. If state or local law allows testing without the source individual's consent, the employer must test the individual's blood, if it is available. The results of these tests must be made available to the exposed worker and the worker must be informed of the laws and regulations about disclosing the source's identity and infectious status.

Medical Evaluation and Follow-up

When a worker experiences an exposure incident, the employer must make immediate confidential medical evaluation and follow-up available to the worker. This evaluation and follow-up must be: made available at no cost to the worker and at a reasonable time and place; performed by or under the supervision of a licensed physician or other licensed healthcare professional; and provided according to the recommendations of the U.S. Public Health Service (USPHS) current at the time the procedures take place. In addition, laboratory tests must be conducted by an accredited laboratory and also must be at no cost to the worker. A worker who participates in post-exposure evaluation and follow-up may consent to have his or her blood drawn for determination of a baseline infection status, but has the option to withhold consent for HIV testing at that time. In this instance, the employer must ensure that the worker's blood sample is preserved for at least 90 days in case the worker changes his or her mind about HIV testing.

Post-exposure prophylaxis for HIV, HBV, and HCV, when medically indicated, must be offered to the exposed worker according to the current recommendations of the U.S. Public Health Service. The post-exposure follow-up must include counseling the worker about the possible implications of the exposure and his or her infection status, including the results and interpretation of all tests and how to protect personal contacts. The follow-up must also include evaluation of reported illnesses that may be related to the exposure.

Written Opinion

The employer must obtain and provide the worker with a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation. According to OSHA's standard, the written opinion should only include: whether hepatitis B vaccination was recommended for the exposed worker; whether or not the worker received the vaccination, and that the healthcare provider informed the worker of the results of the evaluation and any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment. Any findings other than these are not to be included in the written report.

Additional Information

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: <https://www.osha.gov/SLTC/bloodborne pathogens/index.html>.

To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the "U.S. Department of Labor" listing in your phone book, or call us toll-free at (800) 321-OSHA (6742).

This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999; teletypewriter (TTY) number: (877) 889-5627.

For assistance, contact us. We can help. It's confidential.



Occupational Safety

and Health Administration www.osha.gov

1-800-321-6742



**HEALTH SCIENCES
DIVISION OF GULF COAST
STATE COLLEGE
PROTOCOL FOR NEEDLE STICK, BLOOD OR
POTENTIALLY INFECTIOUS BODY FLUIDS EXPOSURE**

It is the policy of Gulf Coast State College that any students who sustain a needlestick or other wound resulting in exposure to blood or bodily fluids while engaged in a College sponsored educational program should receive prompt medical attention, including counseling, prophylactic drug treatment, and baseline and follow up laboratory values, as necessary. In accordance with this policy, the following procedures must be followed by students who have been exposed to blood/body fluids.

Drug prophylaxis is time sensitive; therefore, the student must immediately seek help from the appropriate supervising personnel. The faculty member and student will fill out the appropriate incident reports at both the facility and GCSC to expedite the process. Faculty will report the incident immediately to his/her immediate supervisor.

The student-notified supervisor or faculty will initiate an incident report form (FLORIDA COMMUNITY COLLEGE RISK MANAGEMENT CONSORTIUM, ACCIDENT — INCIDENT FORM), detailing the particulars of the event, completing the Worker Compensation Form (BCL-1) and evaluate the circumstances of the accident. This form must be signed by faculty and the injured person. These forms can be located in the Exposure Control Plan notebook in the sterilization galley in the Dental Clinic. If the injured person declines medical treatment, this should be documented and signed by that individual. The original form will be submitted to the office of the Health Sciences Administrative Specialist on the second floor of the Health Science Building. A copy of the original form will be placed in the student's record as well as placed in the EXPOSURE CONTROL RECORDS notebook in the Dental Hygiene Program Coordinator's office (HS103).

1. Initial Wound Care/First Aid for exposure
 - a. Express blood from puncture wound
 - b. Clean wound with soap and water
 - c. Flush mucous membranes with water or saline

2. It is strongly recommended that appropriate medical follow-up be obtained:

Faculty who incurred the needle stick or exposure and the source person will go to any Medical Facility for the appropriate tests and counseling at no charge.

Students who incur needle stick or exposure should go to a hospital emergency room (or desired medical facility) for appropriate consultation and testing (as summarized in the first paragraph). The student should present to the medical facility the insurance card which was issued by the college to all Health Sciences students. The medical provider will treat the patient appropriately and, according to their own policies, either expect payment from the student or then file a claim with the insurance provider.

NOTE: The Dental Programs recommend that faculty, students, and/or involved patients seek medical follow-up at the Ascension Sacred Heart Medical Center as they have proven to be extremely helpful in regard to protocol for such occurrences.

3. The facility director in charge at the facility where the needle stick occurred will obtain permission

from source patient's permission for blood testing by contacting the attending physician of the source patient.

4. **The student will NOT** ask the source patient for permission to provide blood for testing. It is against Federal and State laws for the student to request permission of the source patient.
5. The student will be counseled and advised regarding post-exposure prophylaxis, if necessary
6. If indicated, the student will be given a starter pack of prophylactic drugs which are recommended in accordance with the current guidelines of the Center for Disease Control. The insurance provided by the college covers the cost for these drugs.
7. Baseline blood tests will be done on the student in accordance with the facilities policies and the CDC.
8. Re-testing occurs at three intervals
 - a. 6 weeks
 - b. 12 weeks
 - c. 6 months
9. See information provided in *OSHA Fact Sheet: Bloodborne Pathogen Exposure Incidents*
10. All procedures, testing and results **WILL REMAIN CONFIDENTIAL.**
11. Facility and personnel involved will evaluate root cause of incident to discover policy changes that may help to prevent further occurrences.

EMERGENCY/ACCIDENT/INCIDENT REPORTING PROCEDURES

It is the duty and responsibility of all college employees to report any accidents or incidents that they are aware of.

Accident or Injury Involving College Personnel:

All Gulf Coast State College employees are covered by workers' compensation insurance provided by the college for injuries or illnesses arising out of, or in the course of, employment. To protect yourself and your co-workers, follow all safety rules and regulations. Workers' compensation was designed to cover medical expenses and a portion of any earnings lost due to injury on the job. The amount of compensation is based on the employee's salary, among other factors. Workers' compensation laws prohibit reimbursement beyond normal weekly compensation. For further details, contact the Human Resources Office at ext. 3569.

All illness in the line of duty or on-the-job accidents or injuries, no matter how minor, must be reported immediately to your supervisor and to the Human Resources Office. If medical attention is necessary, Human Resources will advise you of physicians authorized by GCSC and the Florida Community College Risk Management Consortium to treat employees. It is imperative that accidents be reported to the Human Resources Office before seeking medical attention, unless the accident is life threatening, in order to receive workers' compensation benefits. During hours when the Human Resources Office is closed, employees are, using appropriate professional judgment, to use the emergency rooms of local hospitals (Human Resources will designate and publicize authorized hospitals on a regular basis) for medical attention relating to an on-the-job injury.

Accident/Incident Report and First Report of Injury or Illness forms must be completed by the division or department and forwarded immediately to the Human Resources Office. Accident/Incident Report forms may be obtained from the division administrative assistant. Failure to complete and report accidents or incidents may result in a monetary fine imposed on the college under state statutes.

Accidents or Injury Involving Students:

A detailed report of any accident involving personal injury or damage to property should be made immediately to the Vice President of Administration & Finance by any college employee in or witnessing the accident or incident. If a student is involved in the accident, a report should also be made to the Vice President of Academic Affairs & Learning Support. All reports to the Vice President of Administration & Finance shall include an "Accident/Incident Report" form.

In cases of emergency, the guidelines for handling an emergency shall be followed at once. If, in the opinion of a college official, a student or employee at the college needs medical attention, an ambulance will be called. The college assumes no liability for medical or ambulance expenses. The Vice President of Academic Affairs will notify the parents or next of kin of the nature and extent of the injuries.

Summary of Coverage

Underwritten by QBE Insurance Corporation (QBEIC)

QBEIC has issued the policy identified below, to the Policyholder. The policy insures persons who qualify under its terms. Important policy provisions are summarized in this Summary of Coverage. For a complete description of the coverage, including the limitations, exclusions and terms of coverage, please refer to the policy which is on file with the Policyholder.

Policy No: **IHH000461** Policy Term: **March 1, 2023 to March 1, 2024**
Policyholder: **Florida College System Risk Management Consortium**

Coverage is provided to registered students in the named education / training course(s) of the Policyholder that are on file with the underwriting company.

Coverage is provided during the policy period while students are participating in scheduled, sponsored and supervised on campus college courses, labs or clinical training held at Policyholder approved off-site premises, and while traveling under the supervision of the Policyholder as a group directly to or from such activities. A covered activity does not include dorm room exposures of any kind or participating in any sports activities.

Excess Accident Medical Expense Benefit:

Maximum Benefit:	\$25,000
Deductible Amount:	\$0
Heart and Circulatory Benefit:	Included
Short-Term Emergency Sickness Benefit Maximum:	\$1,000

Accidental Death and Dismemberment Benefit Maximum:	\$25,000
Accidental Death and Dismemberment Aggregate Limit:	\$2,000,000

IMPORTANT DEFINITIONS

Covered Accident – means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. occurs while the covered person is insured under the policy;
2. is not contributed to by disease, sickness, or mental or bodily infirmity; and
3. is not otherwise excluded under the terms of this policy.

Emergency Sickness - means an illness or disease diagnosed by a physician which:

1. causes a severe or acute symptom that, if not provided with immediate treatment, would reasonably be expected to result in deterioration of a covered person's health or place his life in jeopardy; and
2. first manifests itself suddenly and unexpectedly while a covered person is participating in a covered activity.

EXCESS ACCIDENT AND EMERGENCY SICKNESS MEDICAL EXPENSE BENEFITS

Benefits are payable for covered medical expenses that are not payable under any other health care plan. Medical expense benefits are secondary to all other insurance policies the covered person has. If no other health insurance exists, benefits will be payable like primary coverage. This benefit will pay the usual and customary expenses incurred, for medical care if: a) the first expense for a covered injury is incurred within 26 weeks after the date of the accident; and b) the expense is incurred within 104 weeks after the accident (52 weeks for Emergency Sickness). No more than the Maximum Benefit will be paid for all medical care, treatment, services and supplies as the result of any one Covered Accident (or Emergency Sickness).

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If within one year from the date of a covered accident, a covered person suffers any of the losses specified below, this coverage will pay the following benefit amounts. If the same accident causes more than one of these losses, the largest amount that applies will be paid.

	Benefit Amount:
Loss of Life.....	\$25,000
Loss of Two or More Hands or Feet, or Sight of Both Eyes.....	\$25,000
Loss of One Hand or Foot and Sight in One Eye.....	\$25,000
Loss of One Hand or Foot or Sight in One Eye.....	\$12,500
Loss of Thumb and Index Finger of the Same Hand or Four Fingers of the Same Hand.....	\$6,250

Loss means with regard to:

- a) hands and feet, actual severance through or above wrist or ankle joints;
- b) sight, total and permanent loss thereof;
- c) thumb and index finger, actual severance through or above metacarpophalangeal joints.

EXCLUSIONS and LIMITATIONS

The policy does not cover loss resulting from:

1. intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. declared or undeclared war or act of war;
6. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
7. travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
8. participation in any motorized race or contest of speed;
9. an accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license; except while participating in Driver's Education Program;
10. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
11. travel or activity outside the United States or Canada;
12. the covered person's intoxication as determined according to the laws of the jurisdiction in which the covered accident occurred;
13. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
14. injuries compensable under Workers' Compensation law or any similar law;

We will not pay benefits for:

15. services or treatment rendered by a physician, nurse or any other person who is:
 - a. employed or retained by the Policyholder;
 - b. living in the covered person's household;
 - c. who is a parent, sibling, spouse or child of the covered person;
16. any Hospital Stay or days of a Hospital Stay that are not Appropriate Treatment for the condition and locality.
17. a covered person's covered loss if:
 - a. he was driving a private passenger automobile at the time of the covered accident that resulted in the covered loss; and
 - b. he was intoxicated, as that term is defined by the law of the jurisdiction in which the covered accident occurred.

Accident Medical Benefit limitations and excluded expenses:

1. Blood, blood plasma or blood storage except expenses by a Hospital for processing or administration of blood.
2. cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
 - a. cosmetic surgery resulting from an accident, if initial treatment of the covered person is begun within 12 months of the date of the accident;
 - b. reconstruction incidental to or following surgery resulting from a covered accident.
3. Any elective or routine treatment, surgery, health treatment or examinations.
4. Examination or prescriptions for, or purchase of, eyeglasses, contact lenses or hearing aids.
5. Treatment in any Veterans' Administration, Federal or state facility unless there is a legal obligation to pay.
6. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
7. Rest cures or custodial care.
8. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
9. Personal services such as television and telephone, or transportation.
10. Expenses payable by any automobile insurance policy without regard to fault.
11. Services or treatment provided by an infirmary operated by the Policyholder.
12. Treatment of injuries that result over a period of time, such as blisters, tennis elbow, et al, that are a normal, foreseeable result of participation in the covered activity.
13. Treatment or service provided by a private duty nurse.
14. Treatment of hernia of any kind.
15. Treatment of injury resulting from a condition that a covered person knew existed on the date of a Covered Accident, unless we have received a written medical release from his Physician.

This information is a brief description of the important benefits and features of the policy. It is not a contract. Full terms and conditions of coverage are set forth in the policy.



P.O. Box 979
 Valley Forge, PA 19482
 610.933.0800
 Fax: 610.935.2860
 www.agadministrators.com

Student Accident Claim Form

Please complete and submit to A-G Administrators with itemized medical bills and primary insurance explanation of benefits. For questions, please contact A-G Administrators.

College/University _____

Student's Name _____

FIRST NAME

MIDDLE INITIAL

LAST NAME

Date of Birth _____ Sex: Male Female Cell Phone _____

Email Address _____

School Address _____

STREET

CITY

STATE

ZIP

Home Address _____

STREET

CITY

STATE

ZIP

ACCIDENT INFORMATION

Place of Accident _____ Accident Date _____

Body Part Injured _____ Activity _____

Nature of Injury — Details of What Happened _____

INSURANCE INFORMATION

Does the claimant have primary insurance? Yes No *(Attach separate sheet if necessary.)*

Insurance Company Name & Address _____

Policy Number _____ ID# _____

AUTHORIZATION

AFFIDAVIT: I verify that the statement on other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that if it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse A-G Administrators to the extent for which A-G Administrators would not have been liable.

AUTHORIZATION TO RELEASE INFORMATION: I authorize any Health Care Provider, Doctor, Medical Professional, Medical Facility, Insurance Company, Person or Organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient, to A-G Administrators and its designees.

PAYMENT AUTHORIZATION: I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices.

STUDENT SIGNATURE *(Parent or guardian, if participant is a minor)* Date

SCHOOL OFFICIAL SIGNATURE Title Date

ACCIDENT – INCIDENT REPORT INSTRUCTIONS

This form is used to notify the Florida College System Risk Management Consortium (FCSRMC) of accidents/incidents/occurrences for review as possible claims. This form should be used to document the following types of occurrences: Accidents, Injuries, Crimes/Theft, Property Damage (College Owned), Property Damage (Non-College Owned), Internet Crisis (stolen, lost, or hacked personal information), Equipment Breakdown (fka Boiler and Machinery), Student Accidents, Athletic Injuries, and Allied Health (Professional Liability Claims). **Please note, Worker's Compensation claims are not reported to the FCSRMC using this form. The College's Worker's Compensation Coordinator should submit all claims via the dedicated reporting line: 877-842-6843.**

1. LOCATION AND DATE OF INCIDENT/OCCURRENCE

COLLEGE: Clearly check the FCSRMC abbreviation for your college.

CAMPUS/LOCATION CODE: Please use the campus codes as noted on the College's Property Listings on file with the FCSRMC.

LOCATION OF OCCURRENCE (BE SPECIFIC): Provide campus name and building name or number. If accident occurred off campus, provide street address and city.

2. INJURED EMPLOYEE

OCCUPATION & DEPARTMENT: List the occupation and department in which the employee is primarily employed.

PART OF BODY INJURED: Loosely identify the part of the Employee's body which has been injured (i.e. wrist, ankle, back etc.)

TYPE OF INJURY: Loosely identify the manner in which the Employee has been injured (i.e. cut, sting, bruise etc.)

DATE INJURY FIRST REPORTED: If the injury was originally reported on a date different from the date of completing the A/I, please list the original date the injury was reported.

3. PROPERTY (COLLEGE OWNED)

IDENTIFY THE DAMAGED/LOST PROPERTY: Describe the damaged or stolen college-owned property. Enter information such as: "Flood damage to 1st floor of Building K; or 1998 white Mercedes driver side door; or Glass broken in classroom window; or IBM Pentium II computer, monitor, keyboard, and Hewlett-Packard LaserJet printer."

ESTIMATED COST OF DAMAGED/LOST PROPERTY: Enter your best guess of the value. This figure will not be used in evaluating the claim. It will be an indication of whether or not it falls within the college deductible and whether or not it needs to be submitted to the servicing office.

4. INJURED PARTY/PROPERTY (INJURY/LOSS TO PERSONS NOT EMPLOYED BY COLLEGE AND/OR PROPERTY NOT OWNED BY COLLEGE)

NAME: Report the name of the impacted person, such as, students who are not employees of the college at the time of injury, visitors, or owners of property that is stolen or damaged while at the college, including art exhibits.

IDENTIFY THE INJURY OR THE DAMAGED/LOST PROPERTY: Enter information such as "Twisted knee; or 1989 white Mercedes convertible; or blue backpack with 4 textbooks; or Walkman radio/tape player; etc."

5. WITNESS(ES)

This information is extremely valuable in adjusting the claims or if suits are filed later. Please supply the information if it is available.

6. DESCRIBE THE LOSS/OCCURRENCE/INJURY (To be completed by the injured person, if at all possible):

Please do not write "SEE ATTACHED." Please give a brief description of accident using words such as: "College-owned vehicle was hit by vehicle owned by student; or Employee tripped over phone cord; or Student left backpack on library steps for 10 minutes; or Vehicle 1 (student-owned) hit vehicle 2 (student-owned) while backing out of parking space."

If additional space is required, feel free to **attach a second A/I form**.

It is extremely important to remember that those of us reading the accident/incident reports after they have left your college have no idea who the involved people are, whether they are college employees, students or visitors, and we have some difficulty determining whether or not damaged property is college owned or non-college owned.

7. SIGNATURES

Where possible, please get the signature of the Injured Employee/Party and a Department Contact.

8. RISK MANAGEMENT COORDINATOR REVIEW (To be completed by the College's Risk Management Coordinator):

Review by the Risk Management Coordinator or his/her designee are extremely important. Our belief is every incident should be submitted through the Coordinator's office for review and that office should accept responsibility for submitting the report to the Consortium office. It is important for loss control purposes to have one person at the college coordinating incident information and taking responsibility to make sure areas in need of repair are reported to the proper people for this to be accomplished.

GENERAL LIABILITY: Check this block when incident involves students, visitors, property of students or visitors.

COLLEGE PROPERTY: Check this block when incident involves property owned by the college.

EQUIPMENT BREAKDOWN: Check this block only when incident involves your college owned boiler and/or refrigeration equipment.

STUDENT ACCIDENT: Check this block if the injured party is enrolled in a covered curriculum.

ATHLETIC: Check if claimant was participating in an enrolled sport.

FACILITIES USE: Check this block when incident involves visitors to an event for which Facilities Use coverage has been purchased.

ALLIED HEALTH: Check this block when incident involves patients of students enrolled in the Allied Health Program. Be sure to attach an Allied Health Incident Form available from your program coordinator.

RISK MANAGEMENT REVIEW STATEMENTS: Initial the appropriate statements to let the FCSRMC staff know that the Risk Management Coordinator has reviewed the claim and determined that the A/I is for FYI purposes only, is a Student Accident claim that has been forwarded to Fringe Benefits, OR is an Athletic claim which has been submitted to Summit America. By initialing the appropriate statements, we hope to make the notification process more efficient and limit the number of follow-up calls the FCSRMC has to make to the College Risk Coordinator.

INFORMED REFUSAL OF POST EXPOSURE MEDICAL EVALUATION

Informed refusal by employee/student post exposure medical evaluation

I, _____ am currently employed/enrolled at Gulf Coast State College in the Dental Assisting/Dental Hygiene program. Gulf Coast State College has provided training to me regarding exposure control for bloodborne pathogens and the risk of disease transmission in the dental office.

On _____, 20____, I was involved in an exposure incident as described on the Florida College System Risk Management Consortium Accident-Incident Report form.

Gulf Coast State College has offered to provide post exposure medical evaluation and follow-up for me in order to assure that I have full knowledge of whether I have been exposed to or contracted an infectious disease from this incident.

However, I, of my own free will and volition, and despite GCSC’s offer, have elected not to have a medical evaluation. I have personal reasons for making this decision.

Witness

Signature

Name

Address

City, State, Zip Code

Date

Note: Maintain this record for duration of employment plus 30 years. Medical records of employees who have worked less than one year need not be retained beyond the term of employment if the records are provided to the employee upon the termination of their employment.

GULF COAST STATE COLLEGE
HEALTH SCIENCES and NURSING DIVISIONS

SHARED COMMITMENT TO REDUCE RISK OF CONTRACTING AND/OR TRANSMITTING COVID-19

GENERAL GUIDELINES:

- Students accept and share a commitment to reduce the risk of contracting and/or transmitting COVID-19.
- **FACE MASKS ARE STRONGLY RECOMMENDED INSIDE ALL COLLEGE FACILITIES TO ENSURE THE HEALTH AND SAFETY OF THE ENTIRE COLLEGE COMMUNITY.**
- If/when wearing a mask, it should fully cover nose and mouth appropriately. DO NOT lower mask to chin, even while speaking. If mask becomes soiled, or moist it should be changed immediately. *Regardless of vaccination status, Faculty/staff while alone in their offices will be permitted to remove their mask.*
- All faculty, staff, and students should notify their Instructor and stay home if experiencing symptoms of illness such as a temperature ≥ 100.4 F and/or chills, shortness of breath or difficulty breathing, headache, diarrhea, nausea/vomiting, body aches (myalgia), new loss of taste or smell, congestion or runny nose, cough, and fatigue. *If you have any trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, bluish lips or face, call 911 or call ahead to your local emergency room.*
- As with any communicable or contagious disease, be mindful of hand hygiene and infection control and practice standard precautions. Abide by any additional infection control protocols that have been created for your specialized program of study.
- Exposures, as defined in the GCSC COVID-19 guidelines, must still be reported to the Campus Safety Office, and if symptoms develop, the exposed person should immediately quarantine and it is strongly recommended that they be tested. If the results of the test indicate a positive case of COVID-19, the normal quarantine procedures will apply.
- Guidelines relative to **Exposure Quarantine/Tested Positive Quarantine** can be found on the GCSC COVID-19 Information webpage: <https://www.gulfcoast.edu/covid-19-coronavirus.html>
- In addition to what is listed above, students participating in external clinic rotations will follow respective protocols at each facility.

Note: *Gulf Coast State College is **not requiring a COVID-19 vaccination**; however, clinical facilities may require proof of COVID-19 vaccination status prior to student clinical assignments. To assist faculty in scheduling appropriate clinical rotation assignments based on such requirements, we request that you upload documentation of your COVID-19 vaccination status to your PreCheckSentryMD account and/or follow the clinical facility's mechanism for documentation of vaccinations and/or exemptions, as directed by your program coordinator. While we will attempt alternative placements for any unvaccinated student (or non-reporting student), please be aware that clinical assignments are limited based on the number of clinical facilities that may require the COVID-19 vaccine. In the event that placement is not possible and the student is unable to meet clinical requirements, there may be a delay in course and program completion. If warranted, consultation with the Program Coordinator and/or the Division Chair may be necessary to guide successful program completion or readmission.*

ATTENDANCE:

- If you are experiencing symptoms of COVID-19: Prior to class start time, notify your Instructor (in writing/email) of your illness and resultant absence from class, lab, or clinical.
- Returning to campus/clinical sites: Obtain written permission to resume class activities – this can be provided by your HCP or satisfaction of prescribed quarantine by Dr. David Thomasee.
- Each episode of quarantine will be considered one occurrence for attendance purposes. Any relapse or additional exposure that extends the number of days quarantined will count as a 2nd occurrence.
- Should episodes of quarantining become excessive (>2), counseling will be provided by the program Coordinator to determine if a medical withdrawal might be necessary as a result of missed instructional hours.

Please continue to monitor all Gulf Coast State College communication channels for the most up-to-date information and specifics regarding this evolving situation. New information, guidelines or regulations will be accessible at:

<https://www.gulfcoast.edu/covid-19-coronavirus.html>

Unique situations not addressed here can be discussed individually with the program Coordinator.

Content Sources:

<https://www.cdc.gov/coronavirus/2019-ncov/>
<https://www.gulfcoast.edu/covid-19-coronavirus.html>
[National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)

I have read and agree to follow the COVID-19 Protocol procedures documented above for the Health Sciences Program in which I am enrolled.
Signature and Date: _____

**Gulf Coast State College
Dental Programs
Dental Clinic Respiratory Protection Program**

Dental Practice Name: Gulf Coast State College, Dental Hygiene Program

Practice Address: 5230 W Hwy 98 Panama City, FL

Program Administrators: *Miranda Stewart –Dental Hygiene Program Coordinator & Laurie Womble Dental Assisting Program Coordinator*

Program Implementation Date: 6/1/2020

I. Overview

SARS-COV-2 is a novel coronavirus that is thought to spread mainly between people who are in close contact with one another through respiratory droplets produced when an infected person coughs or sneezes. Individuals are thought to be most contagious when they are symptomatic. However, there are indications that individuals who are asymptomatic can be infectious.

Dental procedures that use dental instruments, such as handpieces and ultrasonic scalers, and air-water syringes create a spray that can contain contaminated droplets. This spray can also contain aerosols. However, the contribution of aerosols, or droplet nuclei, to close proximity transmission is currently uncertain. The virus has been shown to survive in aerosols for hours and on surfaces for days.

Mitigation strategies: The GCSC Dental Clinic screens patients for symptoms of aerosol transmissible diseases and has a policy that symptomatic patients are not to be treated and will be referred immediately to their primary care provider or primary dentist for dental emergent care. An asymptomatic patient is managed as a suspected carrier of SARS-COV-2 virus by contact of confirmed close contact with COVID-19 individuals.

The GCSC Dental Clinic avoids aerosol-generating procedures whenever possible. If aerosol-generating procedures are necessary for care, four-handed dentistry, high-evacuation suction and a dental dam technology will be used to minimize droplet spatter and aerosols.

Covered employees/students: Use of respirators at the GCSC Dental Clinic is to protect against transmission of the SARS-COV-2 virus and other airborne diseases during aerosol-producing dental treatment. The categories of employees/students who are included in this program are:

- Clinic Dentists
- Dental Programs Faculty
- Dental Programs Students

An employee/student who is not included in this program but volunteers to wear a respirator may do so if the program administrator determines the respirator will not create a hazard. The employee/student will be provided with information contained within [OSHA Standard 1910.134 App D](#), found at the end of this document.

Dental procedures recommended respirator use:

- Use of high speed and slow speed handpieces
- Ultrasonic scalers
- Airpolishers
- Air/water syringes

**This list is not exhaustive; other procedures also may generate aerosols.*

II. Respirator selection

Air-purifying respirators (APRs) work by removing gas, vapor, particulate or combinations of gas, vapor and/or particulate from the air through the use of filters, cartridges or canisters. Covered employees/students will select from NIOSH approved filtering facepiece respirators known as N95 respirators. If there is an adequate supply, use of an FDA-cleared surgical N95 is prioritized. No facial hair or condition that would impede the seal of the filtering facepiece respirator is permitted.

III. Medical evaluations

It is recommended that each covered employee/student undergo a medical evaluation prior to respirator fit testing utilizes the [OSHA Respirator Medical Evaluation Questionnaire](#) to collect information specified in Standard 1910.134 App C of the respiratory protection regulation. If an employee or student is concerned about wearing an N95 respirator, the employee/student must contact the Program Coordinator for CDC and/or ADA approved respiratory protection alternatives.

IV. Fit testing

The GCSC Dental Clinic ensures a covered employee/student undergoes a qualitative fit test in accordance with OSHA regulations. The test follows the protocols described in the respiratory protection regulation [OSHA Standard 1910.134 Appendix A](#). The following steps must precede the fit test:

- A. The employee/student completes the [OSHA Respirator Medical Evaluation Questionnaire](#)
- B. If concerns for use are identified by the employee/student, it is the employee/student's responsibility to seek medical consultation OR consult with the Program Coordinator about approved alternatives.
- C. The employee/student selects an acceptable respirator that will fit them.
- D. The employee/student is shown how to put on the respirator and ensures it is an acceptable and comfortable fit.
- E. The employee/student performs seal checks.
- F. The employee/student performs a series of exercises while wearing the respirator. The exercises are described in Appendix A.

When fit testing single-use respirators, a new respirator shall be used for each employee/student.

The GCSC Dental Clinic ensures that each employee/student who is recommended to use a respirator passes a fit test:

- A. At the time of initial fitting.
- B. When a different size, make, model or style of respirator is used.

V. Use of respirators

In order to ensure that a respirator is used properly by an employee/student, the GCSC Dental Programs Clinic will provide instruction on the following situations that can compromise the effective use of respirators:

- A. The person wearing the respirator fails to properly perform seal checks.
- B. The person wearing the respirator is also using personal protective equipment or other equipment that interferes with the face-to-facepiece seal.

- C. Modifications are made to the respirator. In these circumstances, employee/student may have a false sense of security in feeling that they are protected when they are not.

Each time they put on a tight-fitting respirator, the employee/student must perform a positive-pressure seal check by using the procedures provided in [OSHA Standard 1910.134 Appendix B-1](#), User Seal Check Procedures (Mandatory) or equally effective manufacturer's procedures.

VI. Maintenance and care of respirators

A covered employee/student is provided with a new respirator for use during patient treatment and must dispose of it immediately after patient treatment is completed. Reuse of the respirator is only allowed during shortages. Re-use of respirators involves careful removal of the mask by the straps and placement in a contained bag labeled with the employee/student name.

VIII. Training and information

The GCSC Dental Clinic provides covered employees/students with training in the following areas:

- A. Why the respirator is necessary and how improper fit and use can compromise the protective effect of the respirator.
- B. The capabilities and limitations of the respirator.
- C. How to inspect, put on, remove and use the respirator and how to check the seals.
- D. Recognition of the medical signs and the symptoms that may limit or prevent an employee's/student's effective use of a respirator.
- E. General requirements of the respirator regulation.

Each covered employee/student is trained before they can use a respirator. Initial training may not be necessary if another employer has provided acceptable training within the past 24 months and can provide documentation of the training requirements listed above. In addition, retraining is required when workplace conditions change, when new types of respirators are used or when inadequacies in the employee's/student's knowledge or use of respirators indicate a need for more training.

IX. Program evaluation

The GCSC Dental Clinic reviews the program annually and solicits input from the covered employees/students regularly.

OSHA Guide to Respiratory Protection at Work – Voluntary

Standard 1910.134 App D

Required information for employees/students who are not required by the employer to use respiratory protection.

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designated to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

IMMUNIZATION/TRAINING REQUIREMENTS

STUDENTS AND FACULTY:

All students and faculty using the GCSC dental clinic facilities are required to submit:

- ◆ Report of Vaccination History
- ◆ Current American Heart Association CPR Certification Card (**HEALTH CARE PROVIDERS**) throughout duration of program.
- ◆ Hepatitis B Surface Antigen Test
- ◆ Hepatitis B vaccine series, if surface antigen is positive (or signed declination form)
- ◆ PPD Mantoux /TB Test (**May require chest radiograph if previously positive PPD Mantoux/TB test**)
- ◆ MMR
- ◆ Tetanus - Diphtheria (Tetanus every 10 years)
- ◆ Varicella (Chicken Pox)
- ◆ Polio
- ◆ COVID-19 or Exemption form
- ◆ Interprofessional Healthcare Training (required for students every 2 years; for faculty upon hire or as needed for certification, licensure, or accreditation)
 - HIPAA Training
 - HIV/AIDS Training
 - Prevention of Medical Errors
 - Domestic Violence Training
 - Infection Control Training
 - Airborne Precaution with Mask Fit
 - Human Trafficking
 - Interprofessional Education

It is the responsibility of each student and faculty member to ensure that the appropriate documentation is in the department files prior to clinical assignments.

Hepatitis B Vaccine:

The ADA and United States Public Health Service have strongly recommended that all dental personnel (dentists, auxiliaries, technicians) acquire the Hepatitis B Vaccine (Heptavax B or synthetic vaccine). Pregnancy is not considered a reason not to acquire the vaccine. All clinical personnel should have themselves vaccinated for protection against contacting a disease that is potentially fatal. It is not possible to determine from a patient's health history if they are a carrier of hepatitis. Every patient must be treated as a potential carrier.

Students and dental clinic personnel are at high risk because of exposure to the number of high risk patients requesting health care delivery in the college dental clinic facility. It is therefore recommended that individual arrangements be made for receiving the Hepatitis B Vaccine. It is critical that asepsis/sterilization procedures be meticulously enforced to protect against communicable diseases such as Hepatitis, Herpes, HIV/AIDS, etc.

Students who *do not* receive the Hepatitis B Vaccine prior to clinic assignments are required to sign a *Hepatitis B Vaccine Declination* statement indicating that they have been informed about the risks of Hepatitis B and the need for active immunity and are releasing the college of liability in the event they contact the

disease.

COVID-19 Vaccination Clinical Placement Disclaimer

Clinical facilities are beginning to require proof of COVID-19 vaccination status for student's clinical clearance. To assist faculty in determining and scheduling appropriate clinical rotation assignments, you may voluntarily upload documentation of your vaccination status to your CastleBranch account.

Please be aware that unvaccinated students may not be able to attend clinical rotations at other clinical facilities and alternative clinical placements may not be available. In this event, the student may be unable to meet course and program objectives and may experience a delay in course and program completion. Withdrawal from the program may become necessary. In the event of student withdrawal, the readmission policies stated in the Dental Programs Manual.



**GULF COAST STATE COLLEGE - HEALTH SCIENCES DIVISION
REPORT OF PHYSICAL EXAMINATION FORM**

Physical Examination is One Portion of Official Acceptance into the Program

Health Sciences program: _____ Associate Degree Nursing (ADN) _____ BSN _____ CNA _____ PN _____ DA
 _____ DH _____ PTA _____ Radiography _____ Respiratory Therapy _____ Sonography _____ Surgical Services (SS)

Answer all questions. Satisfactory completion of this form and cleared status is required for participation in clinical courses.

NAME: Last _____ First _____ Middle _____

DOB: _____ HEIGHT: _____ WEIGHT: _____ BLOOD PRESSURE: _____ PULSE: _____

EYES: Vision - Uncorrected RE 20/ _____ LE 20/ _____
 Corrected RE 20/ _____ LE 20/ _____ Color Perception _____

HEARING BILATERALLY: (Choose 1 of the Following): Whisper Test: _____ Rinne Test: _____ Weber Test: _____
 (If Abnormal Hearing – Students Are Required To Have Further Audiology Testing) R 15/ _____ L 15/ _____

HISTORY OF	YES	NO	IF YES, PROVIDE DESCRIPTION	CORRECTIVE ACTION
Allergies (Medical / Environmental)				
Chronic Illnesses (Diabetes, COPD, etc)				
Alcohol or Drug Dependency				
Rheumatic Fever or Heart Disease				
Neurological Disorder / Seizure Disorder				
Spinal Disorder / Injury				
Musculoskeletal Disorder (Extremities, Hands, Feet, ROM, Hernia)				

Surgical Procedures (List All): _____

Medications Taken Regularly: _____

PHYSICAL EVALUATION	NORMAL	ABNORMAL	DESCRIBE EACH ABNORMALITY
Integumentary System			
Oral Mucosa (Mouth) & Dental			
Sensory: Eyes, Ears (Int. & Ext. Canals), Drums (Perforation)			
Respiratory System (Nose, Throat, Lungs, Chest)			
Cardiac			
Vascular System			
Gastrointestinal (Abdomen & Viscera)			
Genitourinary System			
Endocrine System			
Musculoskeletal			
Neurologic			
Breast & Lymphatics			
Spine			

Are there any medical reasons that would prevent participation in any medical/dental healthcare program? No: _____ Yes: _____
 Please Explain: _____

The student is able to exert 25-50 lbs of force (pushing & pulling) for CPR: Yes: _____ No: _____

The student is able to stand for long periods and able to sit bend and stoop: Yes: _____ No: _____

This is to certify that I have examined the above named student and found her / him to be in good health and, in my professional opinion, _____ CLEARED / _____ NOT CLEARED to physically and mentally participate in the chosen Health Sciences program. **NOTE: By checking "Cleared" on this document, I agree the student is capable of performing ALL program core performance technical standards.**

Licensed Medical Professional's Name: _____ Please Print (MD, ARNP, PA, etc.) _____ Signature / Date _____

Address: _____ License Number _____ Telephone Number _____

I authorize GCSC to release my personal health information, including drug screening, to clinical facilities as necessary. I have reviewed this document and agree to notify my Health Science Program Coordinator of any changes in my physical or mental status. Failure to do so may render me ineligible to continue in the Health Science Program.

PART IV STUDENT IMMUNIZATION RECORD | Please have the following form completed, signed, and stamped by your healthcare provider OR submit supplemental documentation as proof of vaccination/immunity status for each requirement listed below.

Last Name: _____		First Name: _____		Date of Birth: _____	
Measles, Mumps & Rubella (MMR): 2 dose vaccine series OR Positive IgG antibody titers for Mumps, Measles and Rubella OR History of Disease.					
MMR 2 Dose Series:		Date of Disease: ____/____/____		Measles Titer: ____/____/____	
1). ____/____/____				Result: <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune	
2). ____/____/____				Mumps Titer: ____/____/____	
				Result: <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune	
				Rubella Titer: ____/____/____	
				Result: <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune	
				<input type="checkbox"/> Attached Lab Reports	
Varicella (Chicken Pox): 2 dose vaccine series OR Positive IgG antibody titer is required OR History of Disease.					
Varicella 2 Dose Series:		Date of Disease: ____/____/____		Varicella Titer Date: ____/____/____	
1). ____/____/____				Result: <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune	
2). ____/____/____				<input type="checkbox"/> Attached Lab Reports	
Hepatitis B: Restart 3 dose vaccine series if original series is more than 10 years old OR Positive IgG antibody titer is required OR Declination.					
HepB 3 Vaccine Series:		HepB Titer Date: ____/____/____		Result: <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune	
1). ____/____/____				<input type="checkbox"/> Attached Lab Reports	
2). ____/____/____					
3). ____/____/____					
<input type="checkbox"/> Declination: I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection if I have not been vaccinated within the last 10 years. I have been encouraged to be vaccinated with the Hepatitis B vaccine. I choose to decline the vaccination at this time, and understand that I will be at risk of acquiring Hepatitis B.					
_____ Student signature for declination		_____ Date			
Tetanus-Diphtheria, Pertussis (Tdap) or TD: Tdap vaccine within the past ten years is required. TD booster accepted with original Tdap on file.					
Tdap Vaccine Date: ____/____/____ Lot # ____ Exp ____					
Influenza (Flu): Flu vaccine required seasonally (Submit by October 30 th for Fall start OR First day of January class for Spring start) OR Declination.					
Flu Vaccine: ____/____/____					
<input type="checkbox"/> Declination: I understand that by declining the influenza vaccination, I will be required to wear a mask while assigned to clinical facilities - from the point of entry into every clinical facility until exiting that clinical facility.					
_____ Student signature for declination		_____ Date			
Poliomyelitis: ALL students must have proof of oral polio or polio vaccine.					
Polio Vaccine Series: 1). ____/____/____ 2). ____/____/____ 3). ____/____/____ 4). ____/____/____					
Tuberculosis Skin Test (PPD/Mantoux): Must provide 1 PPD skin test OR 1 TB Blood Draw (T-Spot or QuantiFERON) test within 12 months with negative results. If TB is positive, a Chest X-ray within 12 months OR TB Symptom Free Note (from healthcare provider dated within 12 months required). For PPD skin test OR symptom free note, use attached TB form. Must be updated annually. Dental programs only required upon entry.					
TB Skin Plant Date: ____/____/____		QuantiFERON TB Gold Date: ____/____/____		If positive TB test:	
TB Skin Read Date: ____/____/____				Chest X-ray: ____/____/____	
Result: ____mm <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Attached TB Note	

Primary Care Provider Signature AND Provider's stamp is required for immunizations on this form to be accepted.

Provider's Signature: _____ Date: _____

Provider Name (printed): _____
Phone Number: (____) _____



In the absence of a provider stamp, please attach the provider's business card to this form.



**GULF COAST STATE COLLEGE – HEALTH SCIENCES
ANNUAL TB / MANTOUX TEST FORM**

Student Name: _____ GCSC Program: _____

Section I: Complete if obtaining an annual TB test with history of positive results.

The following is to be completed by the health care provider administering and reading the test:

_____ The TB/Mantoux test was:
Administered on (date) _____ by (name & title) _____
Read in 48-72 hours on (date) _____ by (name & title) _____
Results: _____ Positive _____ Negative

OR

_____ I am submitting a copy of an annual test performed from my place of employment.

Section II: Portions A and B of this section are to be completed if you have been a “positive” tester in the past.

Portion A: The following is to be completed by your Physician, Physician’s Assistant, or Nurse Practitioner.

- _____ This person tested positive in the past.
- _____ This person has had a negative chest x-ray.
- _____ This person has received appropriate treatment if applicable.

Signature and Title
of Healthcare Provider _____ Date _____

Portion B: The following is to be completed by the student:

Please check “yes” or “no” if you are experiencing any of the following symptoms:

Yes	No	
_____	_____	A chronic, productive cough
_____	_____	Pleuritic chest pain with coughing or deep breathing
_____	_____	Dyspnea
_____	_____	Fevers
_____	_____	Night Sweats
_____	_____	Fatigue and Malaise
_____	_____	Anorexia and/or Weight Loss

Every Student: Please upload this form to your CastleBranch account with your immunization form OR prior to the expiration date of your current TB test.

Submitting Student Signature: _____ **Date:** _____

INFECTION CONTROL/HAZARD CONTROL POLICY INTRODUCTION:

Scientific information, as well as public and professional concerns over the risks of blood borne disease transmission, has brought the topic of infection control in the dental environment to the forefront. An effective infection control policy will require the cooperation of students, faculty, and staff. This can only be achieved through education, demonstration, monitoring, and evaluation. Faculty has the primary responsibility for infection control in the clinic. Since students are the primary providers of care, their actions will determine whether or not infection control is effective.

All personnel are responsible to monitor, practice, and enforce approved infection control procedures in order to assure that students are conforming to these guidelines. The information provided in this section is based on the current Morbidity and Mortality Weekly Report (MMWR)-*Guidelines for Infection Control in Dental Health-Care Settings*, Center for Disease Control (CDC) recommendations and current literature. More specific details, procedures and competency sheets will be introduced in DEH 1002/1002L, DES 1200L, DES 1100C, and DES 0800L/DEA 0020C and practiced in all subsequent clinical and laboratory courses.

PURPOSE:

The purpose of infection control policies and procedures is to minimize the risk of transmission of blood borne pathogens to patients and dental health care workers (DHCW) in the dental clinic setting.

This will be achieved by:

- a. Hepatitis B immunization as well as vaccination for other appropriate diseases.
- b. Education and training in infection control principles.
- c. Use of current and appropriate barrier techniques.
- d. Preventing exposure of patients and DHCW to blood and other potentially infectious material(s), including saliva.
- e. Engineering and work practice controls.

This infection control policy will be strictly followed in regard to the following areas:

A. Standard Precautions:

1. Blood and other body fluids, including saliva, of ALL patients is to be regarded as potentially infectious for HBV, HIV, and other blood borne pathogens.
2. Infection control procedures will not be based on an individual's serological status or health history information.

B. Personal Hygiene:

The following applies to all clinic personnel (students, faculty, and staff) who may come into contact with blood, body fluids, and tissues.

1. Hair must be neat, pulled back, and away from the face.
2. Facial hair will be neat, trimmed, and covered with a face mask or shield.
3. No head, neck or hand jewelry of any kind should be worn during treatment procedures.
4. Fingernails will be natural, clean, short, and unpolished.

C. **Hand Washing:**

According to the US Centers for Disease Control (CDC), "handwashing is the single most important procedure for preventing the spread of infection." Hand washing is mandatory (1) before treatment, (2) between patients, (3) after glove removal, (4) during treatment if infection control policy is violated, and (5) before leaving the treatment area.

D. **Personnel Protection Equipment(PPE):**

Routine use of appropriate barrier devices will be used since blood, saliva, and gingival fluids from ALL dental patients must be considered infectious.

1. **Gloves-**

All individuals having patient contact will wear disposable gloves whenever there is contact with blood, saliva, or mucous membranes. Gloves must not be washed or otherwise reused. Gloves must be changed between patients. Gloves must be removed and hands washed before leaving the clinical area. Skin breaks should be covered with bandaids before donning gloves.

2. **Masks and Eyewear -**

Disposable masks and protective eyewear (face shields) will be worn. A new disposable mask is to be worn for each patient treatment session. Protective eyewear should be provided for the patient's use. Both sets of eyewear should be cleaned between uses, being certain not to handle them with unprotected hands until they have been decontaminated. Protective eyewear should NOT be worn (or stored) on top of the head, nor should masks be hanging from one ear or pushed down below the chin/neck area. No one wearing masks and/or protective eyewear will be permitted into the reception room/desk area (any area with carpet) or the break room (*Cuspid Café*).

3. **Clinic Attire: Gowns -**

All DHCW will routinely wear appropriate attire to prevent skin exposure and soiling of street clothes when contact with blood or saliva is anticipated. Clinical attire must not be worn outside the clinic. Attire must be changed at least daily or when visible soiled. Non-disposable fluid resistant gowns will be laundered on site and are not to be removed from the premises. No one in clinic gowns will be permitted into the reception room/desk area (any area with carpet) or the break room (*Cuspid Café*).

Laundering Protocol: Workers should protect themselves from potential cross infection from soiled linen by wearing appropriate protective equipment (e.g. gloves and gowns or aprons) when handling soiled linen. Clean linen should be stored separately from soiled items/coats.

All bacteria can be eliminated even in the absence of detergent by higher temperatures (60°C/140°F) for 10 minutes. If lower temperature water is used for laundry cycles, chemicals suitable for low temperature washing, at the appropriate concentrations, should be used. Use complete wash and rinse cycles.

- Damp linens should not be left in the washer overnight.
- Blankets/Pillows should be laundered separate from soiled lab coats.
- Specific procedural steps are posted in the Dental Clinic Laundry Room (HS 149).

4. Needle Recapping and Sharps Disposal-

To prevent needle-stick injuries, needles are **NOT** to be recapped by moving the needle towards a body part, especially a hand. Needle recapping devices (located in each operatory) or the appropriate one handed “scoop” technique should be utilized when recapping needles. Used needles are to be disposed of in an appropriate puncture-resistant container and should not be purposefully bent or broken after use. Containers should be located as close as possible to an area of operation. Empty anesthetic cartridges can be disposed of in these same containers.

5. Utility Gloves/Nitrile Gloves-

Sturdy, unlined nitrile utility gloves should be worn for all cleaning and disinfection of instruments, dental units, and environmental surfaces. Nitrile utility gloves have an increased resistance to instrument punctures and will be disinfected or autoclaved.

E. Unit Preparation:

1. Wash hands and glove.
2. Flush all the waterlines, including the ultrasonic scaler, for at least two 20-30 seconds at the beginning of each clinic session to reduce any microorganisms that may remain from the previous patient.
3. Clean and disinfect the unit with an EPA-registered tuberculocidal disinfectant capable of killing both lipophilic and hydrophilic viruses at use dilution. Cleaning may also be accomplished by using soap and water prior to surface disinfection.
4. Biomedical wastes are to be disposed of in the biohazard waste container located in the sterilization area. Daily, this waste goes into the red box in the sterilization area.

F. Patient Preparation:

1. Wash hands and glove.
2. In between patients, all water lines, including ultrasonic scalers, should be flushed for 20-30 seconds.
3. The environment of the dental clinics must always be clean and neat. Cover surfaces that will be contaminated, but not cleaned and disinfected between patients, with approved barriers.
4. Any surface (horizontal or vertical) within three (3) feet of the patient's mouth must be considered contaminated after providing treatment that produces splatter. Therefore, cabinet doors and drawers must be closed during treatment.
5. Attach saliva ejector tip, sterile high-speed evacuation tip, sterilized handpiece, and sterilized three-way syringe tip.

G. Patient Treatment:

1. Handwashing –

Wash hands as previously outlined and don glove. Once gloved, touch only the patient and barrier covered areas or areas that have been properly cleaned and disinfected.

2. Charting -

Do not touch the record with contaminated gloves. If an entry has to be made in the record during treatment, it should be entered by an assistant who is not wearing contaminated gloves, OR the information is documented on a laminated copy of the patient evaluation form to be transferred to the permanent record following patient dismissal. The laminated copy is then cleaned and disinfected with an EPA-registered tuberculocidal disinfectant.

3. Radiographic Procedures –

Infection Control (Before Each Patient)

- A. Put on glasses & mask. Wash hands and obtain heavy duty gloves to:
Squirt disinfectant solution on clean gauze squares, cleaning the following:
 1. Radiographic Chair
 - a. Head/back support
 - b. Base
 - c. Seat
 - d. Controls (chair or foot pedal design)
 - e. Leg/Foot & Arm Rest(s)
 2. Dental Light, Handles & Switch
 3. Radiographic Tube, Head & Arm
 4. Lead Apron and Thyroid Shield
 5. Table/Cart or countertop for tray set up & tray with disposable items
- B. Wash, dry and remove gloves. Store in appropriate container. (Plastic bin)
- C. Wash Hands
- D. COVER THE FOLLOWING ITEMS WITH DISPOSABLE BARRIERS:
 1. Radiographic Chair
 - a. Head/back support (large plastic bag)
 - b. Control switches (adhesive square) - if not a foot pedal design
 2. Control Panel (adhesive square)
 3. Dental Light Handles & Switch (sandwich bags/aluminum foil)
 4. Radiographic Tube & Head (large plastic bag)
 5. Radiographic Control Panel (adhesive square)
 6. Digital Equipment: Monitor, Keyboard, Mouse, Sensor, IOC
(1/2 plastic bag, keyboard covers, mouse cover, sensor sheaths & IOC sheath)
 7. Countertop or bracket table or other contact surfaces that will be used during the procedure.
- E. Set- up: Obtain paper tray cover (& tray if using CDR), film mount guide (if needed), infectious waste bag, XCP instruments, disposables (cotton rolls, elastics, barriers), and film/digital sensor and remote/ScanX plates with transfer box – PRIOR to seating patient

Conventional Film/ScanX plates

- F. Place film mount under the plastic barrier on the counter work space
- G. Place the film packets/plates with a sealed barrier envelope on the plastic barrier.

Digital Sensor

- H. Assemble digital remote to computer and digital sensor to remote.
- I. Place disposable sheath over the digital sensor NOTE: ensure you have the correct size sheath to match the digital sensor.

Infection Control (During Procedure)

Seat patient; ask patient to remove items that may interfere with imaging (glasses, partial(s), retainer, lip/nose jewelry, hat, hairpins & earrings if taking Pano., etc. and store accordingly)

- A. Adjust chair and headrest
- B. Store patient chart and paperwork in cabinet
- C. Perform appropriate handwashing before placement of lead apron/thyroid shield
- D. Obtain and put on clean examination gloves
- E. If using sterile image holding devices correctly open package.
- F. Assemble the image receptor into appropriate holding device
- G. Expose appropriate image(s)
- H. Remove image receptor from holding device.

Conventional Film

1. Dry film with paper towel AND/OR remove barrier (if applicable)
2. Drop film in disposable cup (DO NOT touch cup with gloved hands) NOTE: You may have two cups; one for the films that had barriers and one for the non- barrier films
3. Remove and dispose on examination gloves
4. Wash hands
5. Remove lead apron/thyroid shield from patient
6. Have patient remain in operatory or waiting room during film processing

Digital Sensor

1. Remove excess saliva if necessary with dry paper towel.
2. Place assembled image receptor on countertop for image review. If retakes are warranted, expose retakes, if not proceed to next step.

Take care in removing contaminated plastic barrier w/out damaging digital sensor cord or contaminating the remote. NOTE: remove sheath over countertop in case it falls.

3. When using the XCP - Keeping the sensor attached to the positioning tab and aiming bar, grasp the aiming bar where it joins the sensor.
4. Still grasping the bar underneath the sheath, with your thumb start pushing the distal tip of the sensor out of the sheath.
5. Continue pushing the sensor away from the closed, tight end of the sheath.
6. As the sensor is pushed into the wider area of the sheath, be careful to prevent the sensor from falling on the floor. Handle sensor and cable gently.
7. Dispose of contaminated sheath and biteblock.
8. Disinfect sensor with disinfectant recommended by manufacturer (Lysol wipes)
9. Wash Hands
10. Remove lead apron/thyroid shield from patient
11. Transport digital sensor and remote to the digital cabinet.

ScanX Phosphor Plate

1. Remove excess saliva if necessary with a paper towel.
2. Remove barriers from the plates and place plates into the transfer box with the label side up and close the lid.
3. Dispose of contaminated barriers.

4. Disinfect the transfer box.
5. Remove gloves.
6. Wash hands.
7. Remove thyroid/lead apron from the patient
8. Transport the transfer box AND the plastic bin next to ScanX scanner.
9. Have the patient wait in the operatory during processing.

Take care in removing contaminated plastic barrier w/out damaging ScanX plate(s).

Infection Control (During Processing)

Conventional Film

Transport the disposable cup(s) w/film to the darkroom

- A. Gather darkroom supplies: paper towels and clean examination gloves
- B. Place paper towel on the work surface near the processing machine
- C. Place the disposable cup(s) next to the papertowel
- D. Ensure safety lights are on before turning off the overhead lights
- E. Put on clean examination gloves and safetyglasses
- F. Unwrap the film packets (NOTE: Unwrap the clean “barrier” packets first)
- G. Open film packet tab and slide out lead foil and blackpaper
 1. Discard film packet wrapping
 2. Rotate lead foil away from black paper, remove & place lead foil in recycle container
 3. Without touching film, open the black paper wrapping
 4. Allow the film to drop onto the paper towel
 5. Do not touch films with gloved hands
 6. After all film packets have been opened, dispose of cups and remove gloves
- H. Wash hands and DRY thoroughly
- I. Count films to ensure all are accounted for and proceed with film processing
- J. Turn on overhead lights when safe.
- K. Obtain examination gloves.
- L. Discard paper towels and disinfect working surface
- M. Remove gloves.
- N. Wash and dry hands.
- O. Mount films

ScanX Phosphor Plate

- A. Feed the plates one at a time in each of the slot. NOTE: make sure “a” is down with the label side towards you.
- B. Don gloves/put on clean examination gloves.
- C. Disinfect plates in needed.
- D. Remove the plates from the scanner and place new barriers on the plates. The plates need to go in with the label side visible and the “a” toward the sealed edge.

Infection Control (After Patient Dismissal)

After hands are washed, obtain and put on heavy duty gloves.

- A. Discard all disposable barriers in appropriate container
- B. SQUIRT DISINFECTANT ON CLEAN GAUZE SQUARES, CLEANING THE FOLLOWING:
- C. Radiographic Chair
 - 1. Head/back support
 - a. Base
 - b. Seat
 - c. Controls (chair or foot pedal design)
 - d. Leg/Foot & Arm Rest(s)
 - e. Dental Light, Handles & Switch
 - 2. Radiographic Tube, Head & Arm
 - 3. Lead Apron and Thyroid Shield
 - 4. Table/Cart or countertop and tray
- D. Transport image receptor holders in plastic bin and package for sterilization.
- E. Wash, dry and remove heavy duty gloves

4. Disinfection/Transfer of Alginate Impressions:

- (a) After alginate impression is taken, gently rinse the alginate impression under cool tap water to remove any debris remaining in the impression.
- (b) Gently shake off excess water.
- (c) Spray the entire impression (top and bottom) with an OSHA approved disinfecting solution (i.e. ProCide, Cavicide, or Sodium Hypochlorite: 1:10)
- (d) Place the impression in a resealable plastic bag.
- (e) Disinfection is generally complete in 10 minutes depending of the manufacturer's recommendation.
- (f) Rinse again with water, shake dry, and place in a clean plastic bag when transporting from clinic to HS 109
- (g) Place sealed impression in a blue lab box located in sterilization bay (HS 153).
- (h) Remove gloves, wash hands prior to transporting alginate impression to HS 109.
- (i) After separation of impression, all alginate impression material should be removed from tray, and impression trays placed in ultrasonic cleaner.
- (j) Disinfect lab box and return to dental clinic (HS 153).

5. High-speed Evacuation System-

High-speed evacuation should be used at all possible times when using the high-speed handpiece, water spray, ultrasonic scaler or air polishers or during a procedure that could cause splatter.

Rationale: appropriate use of high-speed evacuation systems has been shown to reduce splatter and droplets.

6. Three-way Syringe -

The three-way syringe is hazardous because it produces splatter. Therefore, caution must be used when spraying teeth and the oral cavity. When used, a potential for splatter must always be considered and appropriate precautions taken (for example, use of personal protective equipment and patient safety glasses).

7. Dropped Instruments -

An instrument that is dropped will not be picked up and reused. If the instrument is essential for the procedure, a sterilized replacement instrument must be obtained.

8. Disposable Items -

Used disposable items must be discarded immediately to avoid contamination of other items.

H. Patient Dismissal:

Consider all waste saturated with saliva, blood, or body fluids generated during treatment to be biomedical waste (infectious). Any waste that is contaminated with blood must be disposed of in a RED Biomedical Waste bag which is located in the center cabinetry in each Dental Clinic operatory. After completion of treatment the RED Biomedical Waste bag should be transported to the sterilization galley for disposal in the main biomedical waste receptacle. Any surface that becomes visibly contaminated with blood and other body fluids must be cleaned immediately and disinfected using a liquid chemical germicide registered with the EPA as a tuberculocidal "hospital disinfectant." These products must be applied, thoroughly wiped clean with a disposable wipe, reapplied, and left moist for the recommended time interval.

Blood and saliva must be thoroughly and carefully cleaned from instruments and materials that have been used in the mouth. All items intended for sterilization are to be transported to the sterilization galley via plastic transport tubs secured with lids. Ultrasonic cleaners and/or the Miele thermal disinfection system in the sterilization galley will be utilized for disinfection of items in preparation for sterilization.

Protocol:

1. Remove gloves and wash hands immediately.
2. Complete entries on all forms and records relating to the treatment and dismiss the patient.
3. Put on Nitrile utility gloves prior to beginning the treatment room disinfection. Remove all disposables and discard appropriately.
4. Discard needles, such as anesthetic and suture needles, and any disposable sharp instruments, such as scalpel blades, broken instruments, used burs, or any item that could puncture skin, into an EPA approved sharps container at the location of use. Sharps containers are located within each operatory, the sterilization area, and in the dental materials laboratory.
5. Wearing utility gloves, remove contaminated instruments (including rotary type burs, disks, etc.) and transport to Sterilization Galley for processing.
6. Remove all contaminated barriers from the unit and discard in the trash receptacle located between each operatory.
7. Items contaminated with blood during treatment should be promptly placed in a RED Biohazard waste bag located in the center cabinetry in each operatory and transported to sterilization galley for disposal in main biohazard waste container.
8. Clean, disinfect, and prepare the unit for the next patient.
9. Rinse, clean and disinfect eyeglasses or face shield with detergent and water.

I. Instrument Sterilization:

All contaminated re-usable instruments, including handpieces must be sterilized in verifiable heat-sterilizing devices, must be thoroughly cleaned and heat sterilized before use in the treatment of another patient. The use of chemicals as a substitute for heat sterilization of these items is unacceptable. Biological monitoring is performed *at least weekly*.

All re-usable items that cannot be heat sterilized must be thoroughly cleaned and appropriately treated with ethylene oxide or an EPA-registered sterilant according to manufacturer's instructions specified for sporicidal activity. Any use of a chemical disinfectant agent for infection control purposes that is not EPA-registered as a dental instrument sterilant/disinfectant is unacceptable.

- Utility gloves must be worn when handling contaminated items.
- Any contaminated item used intra-orally will be pre-cleaned in the Miele Dental Thermal Disinfectant system (per manufacturer's instructions), rinsed, dried, and packaged for sterilization
- Disinfect all plastic instrument trays with an EPA registered hospital grade disinfectant solution.
- Metal impression trays are scrubbed or ultrasonically cleaned, packaged, and sterilized in the autoclave.
- Appropriate sterilization pouches should be selected according to the size of the instrument.
- Internal indicators should be dated, initialed and placed on the inside of the pouch. The pouch should be sealed. On the outside of the pouch, write the date, contents, sterilizer number and student initials.
- When taping packages closed, the tape length should be 2.5 times the width of the bag to allow the tape to wrap around and seal upon itself.
- Cloth wraps require a double thickness of wrap and tape as recommended.
- All sterilization pouches should be visually inspected to ensure that instruments have been through the sterilization cycle. Internal indicators should also be inspected to verify steam penetration of internal area of pouch.
- Pouches/packs suspected of being contaminated or stored beyond expiration date (30 days from date of packaging) must be re-cleaned, re-packaged and re-sterilized.
- If packaging appears to be compromised, (i.e. wet and/or torn/punctured), the instruments should be re-cleaned, re-packaged and re-sterilized.
- Sterilized packs will be stored in a closed cabinet or drawer.
- Sterilizers will be monitored weekly with a biological spore indicator test. Results will be recorded.

J. Environmental Surface and Equipment Cleaning and Disinfection:

1. Many blood- and saliva-borne disease-causing microorganisms such as Hepatitis B virus, HIV virus, and Mycobacterium tuberculosis can remain viable for many hours--even days--when transferred from an infected person to environmental surfaces within dental operatories and other clinical areas. Since subsequent contact with these contaminated surfaces can expose others to such microbes and may result in disease transmission, adequate measures must be used in each clinical area to control possible transmission from contaminated surfaces.
2. A practical and effective method for routinely managing operatory surface contamination between patients is to use disposable blood/saliva impermeable barriers, such as plastic film and aluminum foil, to shield surfaces from direct and indirect exposure. Removal of blood, saliva, and microbes is accomplished by routinely changing surface covers between patients.
3. Thorough cleaning and proper disinfection between patients are necessary for those covered operatory surfaces that are routinely touched and become contaminated during patient treatment. An appropriate "Standard Operating Procedure" addressing cleaning and disinfection is part of the academic institution's guidelines.
4. Only those chemical disinfectants that are EPA-registered, hospital-level mycobactericidal agents capable of killing both lipophilic and hydrophilic virus at use dilution, are considered acceptable agents for environmental surface disinfection. Use of any chemical agent not so approved is unacceptable.

5. The surface disinfectant solution is to be applied with a "squirt, wipe, squirt" technique.
 - a. Saturate a 4X4 with an EPA-registered, hospital-level mycobactericidal disinfectant.
 - b. Wipe clean the surface using 4X4 gauze squares (no starch).
 - c. Re-saturate additional 4X4 gauze squares and wipe surfaces a second time; allow solution to remain for the recommended time interval.

K. Biomedical/Infectious Waste Disposal:

Biomedical waste is and solid or liquid waste which may present a threat of infection to humans. Biomedical waste is further defined in subsection 64E – 16.002(2), F.A.C.

1. All disposable item(s) saturated with saliva, blood, or body fluids shall be considered biomedical waste. Biomedical waste items must be placed in a designated red biomedical waste bag, placed into an instrument tub for transport, and taken to the sterilizing area to be disposed of immediately into the biomedical waste container.
2. Contaminated needles and other contaminated sharps shall not be recapped, bent, or removed by hand. Recapping devices or a scoop technique may be used to cover the exposed needle in order to return instruments to sterilization area.
3. All sharps should be disposed of as soon as possible from the time of use and at the point origin. Sharps containers are located in each operatory and in the sterilization galley.
4. ALL biomedical materials are picked up and disposed of by EnviroMed of Bay CO at regularly scheduled intervals.

L. Dental Laboratory Infection Control:

1. Clean linen should be stored separately from soiled items/gowns. Soiled/contaminated gowns should be placed inside the solid red can lined with red infectious waste bag. When directed by the Course Coordinator, the filled laundry container shall be transferred to the Dental Clinic laundry room for appropriate laundering. Specific procedural instructions are posted on the laundry container in HS 109.
2. Used masks should be disposed of in waste receptacle.
3. Safety glasses should be washed after each session with a mild detergent soap and replaced in appropriate location.
4. Impressions should be thoroughly cleaned (i.e. blood and bioburden removed), disinfected with an EPA-registered hospital disinfectant with a tuberculocidal claim, and thoroughly rinsed before being handled in the in-office laboratory.
5. Alginate and polyether impressions should be kept wet during the required disinfecting time.
6. Laboratory items used on contaminated or potentially contaminated appliances, prostheses, or other material should be heat-sterilized, disinfected between patients, or discarded.
7. Contaminated items that cannot withstand heat-sterilization should be cleaned and disinfected between patients and according to manufacturer's instructions.

I. IONIZING RADIATION POLICY

Exposure of all Patients in the Gulf Coast State College Dental Clinic shall follow the principles of ALARA — As Low As Reasonably Achievable.

1. Selection Criteria:

Deliberate exposure of an individual to dental diagnostic radiographic procedures for training or demonstration purposes shall not be permitted unless there is a documented diagnostic need for the exposure by a licensed dentist. Radiographs are taken according to individual patient needs utilizing the *Guidelines for Prescribing Dental Radiographs*. Previous images should be reviewed and if additional images are available from an outside dentist, these should be requested and used to assess the need for additional radiographic images.

2. Operator Safety:

- a. Operators will remain 6 feet and/or at a 90-degree angle or behind a lead barrier from the primary beam during all radiographic exposures.
- b. Only the patient, with operator visibility, is permitted in the operatory when radiographic images are taken. Other individuals (caregivers, faculty, other students), must remain outside the operatory or at least 6 feet from the primary beam unless an extenuating circumstance is determined and approved by the faculty (i.e., stabilizing a receptor holder for a special need patient). In this case, the individual must wear a lead apron during the exposure.
- c. The operator will not hold an image receptor in a patient's mouth during a radiographic exposure.
- d. The operator will not hold or stabilize the x-ray tubehead during a radiographic exposure. If the equipment is not stable, notify a faculty member and relocate to an x-ray unit that is stable.
- e. The operator will not expose a radiograph when another patient, student, faculty member or any other person is within 6 feet of the primary beam.
- f. The operator will not expose a panoramic image if any person is within 4 feet of the tubehead.
- g. X-ray machines must be powered off when not in use.

3. Patient Safety:

- a. The medical history must be reviewed, vital signs must be taken, and faculty approval must be given prior to exposing radiographs.
- b. All radiographs taken for a given patient should meet the *Guidelines for Prescribing Dental Radiographs* and must have documentation noting prescription by a licensed Dentist designating radiographic need and image projection(s).
- c. Computed digital radiography (CDR) will be employed as the preferred method for patient radiographic exposure. If CDR is not possible, the fastest film speed will be utilized.
- d. When available/feasible square collimation will be used.
- e. A thyroid collar and lead apron will be used whenever possible, for all intraoral radiographic procedures, regardless of age. A lead apron without a thyroid collar will be used whenever possible for extraoral radiographic projections.
- f. The patient must always remain in view of the operator during all exposure.
- g. A record of radiation exposure of each patient will be documented in the patient's chart.

- h. All radiographic images acquired on patients must be interpreted by a licensed Dentist.
- i. All radiographs of pregnant women will be delayed until after delivery unless an emergency exists and a dentist has determined that radiographic images are required.
- j. Retakes on a patient must only be taken when the radiographic image is undiagnostic. All retakes must be approved by a faculty member. If the retake is not successful, a faculty member may retake the radiographic image.

4. Quality Assurance:

The following techniques are employed in order to assure the production of high-quality diagnostic radiographs which minimize patient exposure.

a. Projection Techniques

- i. Students must successfully demonstrate written and clinical competency on radiation hygiene and safety for intraoral images on a manikin before exposing radiographs on a patient.
- ii. There will be direct supervision on all radiographs taken on all patients during the DES 1200L, DES 1201L and patient clinical courses.
- iii. Retakes for diagnostic purposes only will be taken. An area that is not fully covered on a particular image but seen in another image need not be re-exposed. Some technical errors such as slight cone cuts, elongations, foreshortenings, etc., even though not technically perfect, may still provide an image of diagnostic quality.
- iv. Once the retakes are determined by student and instructor, image(s) should be taken by the student under the supervision of the faculty member covering clinic. It is the student's responsibility to inform the faculty member when the retakes are scheduled to be taken.
- v. Retakes taken by students are limited to 5 for a FMX, 2 for HBWX's or VBWX's and 1 PANO or occlusal radiographic image. Retakes above and beyond the limits established above, which are needed for diagnosis and treatment, may be taken by a faculty member.
- vi. Corrected retakes are mounted in a separate mount (film)/separate exam (digital) labeled as "retakes" and used (with initial exposures).
- vii. Receptor holders and alignment devices will be used to aid students in the correct alignment of the x-ray beam and area of interest.
- viii. Parameters for Exposure guides are located by each individual control panel.
- ix. All mounts must be clearly identified with patient and operator name, type of series, date of image exposure, and clinic name (GCSC). Do not use red or other pencils which cannot be easily read. If nothing else is available, affix a label on the film mount.
- x. If available, previous images should be reviewed prior to taking intraoral radiographic images to evaluate the need for over-angulation (long rooted teeth), additional coverage (for third molars), or other images (occlusal, extraoral).
- xi. Strict aseptic technique will be enforced, with each student held responsible for the disinfection of the x-ray room and the sterilization of intraoral receptor holding devices. Students will wear the appropriate personal protective clothing to include gown, mask, gloves, and safety glasses.
- xii. During patient treatment, the most current radiographic images must be displayed on the viewbox (film) or computer monitor (digital images).

b. Evaluation of Radiographic Equipment and Supplies

- i. All x-ray machine performance standards are monitored through annual procedures performed by the Bureau of Radiation Control (Tallahassee, FL).
- i. All patient film is to be stored in the dispensary area. Film will be stored in a safe temperature and used according to age sequence. Out-of-date film will never be used on patients.
- ii. When not in use, all digital equipment is secured in a locked digital cabinet or dental operatory.
- iii. Instructions for processing radiographs and process maintenance procedures are displayed in the darkroom. If the films are too dark or too light, the exposure technique and/or processing procedure for that particular machine will be evaluated and corrected.
- iv. The Radiography Course Coordinator will check the processing systems on all radiography days. A log is kept for routine monitoring of radiographic equipment and maintenance.

5. Patient Privacy/Confidentiality:

- a. All radiographic images must be kept with the patient record and stored in the locked filing system when clinic is not in operation.
- b. Patient dental records are not to be removed from the dental clinic; this includes any radiographic images.
- c. Digital images or traditional film images should never be destroyed or deleted from the patient record. This includes original, retake, additional or duplicated images.
- d. Any patient records that are to be sent for referral or upon patient request (postal service, email or in person), must be done so via the Clinic Receptionist and/or faculty supervision.

EQUIPMENT MAINTENANCE

Clinical equipment maintenance notebooks for the Dental Assisting and Dental Hygiene programs are located in the DH sterilization galley (HS 154) cabinetry.

STERILIZER

Weekly:

Warning - be sure that unit is cool when cleaning to prevent possibility of burns.

1. CLEAN EXTERNAL SURFACES

(a) Wipe with a soft dry cloth and occasionally with a damp cloth and mild soap or detergent.

2. CLEAN INTERNAL SURFACES

(a) Drain water from reservoir using drain tube located on front of unit. (*Failure to change water promotes growth of algae in reservoir and may cause sterilizer to malfunction*).

(b) Using a mild soap or *Speed-Clean Sterilizer Cleaner* and distilled water, wash inside of chamber, trays, door gasket, and door gasket mating surface. Examine door gasket for possible damage that could prevent a good sealing surface.

(c) Refill reservoir with clean, distilled water.

(d) Record in maintenance log

Monthly:

1. Flush System

(a) Drain reservoir and fill with clean, distilled water then add one (1) ounce (29.6 CC) of *Speed Clean Sterilizer Cleaner* to a cool chamber.

(b) Run one PACKS cycle (30 minute cycle at 250°F {121°C}). Instruments should not be sterilized while cleaning the sterilizer.

(c) Drain reservoir then refill reservoir with clean, distilled water and run one UNWRAPPED cycle (3 minute cycle at 270°F {132°C}).

(d) Drain reservoir and allow sterilizer to cool to room temperature.

(e) Remove door and dam gaskets from gasket housing channel. Clean channel and gaskets using a mild soap or *SpeedClean Sterilizer Cleaner* and clean, distilled water. A small stiff bristle brush will aid procedure. After cleaning gaskets, inspect for cracks, cuts, shrinking, or swelling and replace if necessary. Press gasket into the channel and reinstall dam gasket.

(f) Remove trays, tray rack, and tray plate. This is accomplished by grasping tray plate on both sides and gently lifting up and pulling outward. The tray rack and tray plate should slide out of chamber together.

(g) Locate chamber filter on bottom of chamber. Grasp chamber filter and pull upwards while twisting slightly. (A pair of pliers may be used if filter is stuck). The filter may be cleaned with mild soap or *Speed-Clean Sterilizer Cleaner* and clean, distilled water. A small stiff bristle brush or ultrasonic cleaner may be helpful to remove foreign objects from filter surface. Rinse filter with clean, distilled water. NOTE - If cleaning methods do not effectively clean the filter, replacement may be necessary. Insert filter into hole in chamber bottom while pressing downwards and twisting slightly. **EQUIPMENT ALERT - DO NOT OPERATE STERILIZER WITHOUT FILTER IN PLACE.**

(h) Wipe off trays, tray rack, and tray plate, and then replace in chamber by raising front of tray rack while pushing tray plate into chamber with tray rack inserted into back 1/8" holes (Refer to Installation / Operation Manual). This will allow tray rack and tray plate to slide in easier. When assembly is almost fully in chamber, insert tray rack into front holes of the tray plate and push completely into the chamber.

(i) Refill with clean, distilled water and run one UNWRAPPED cycle (3 minute cycle at 270°F {132°C}).

(j) Drain water from reservoir and refill with clean, distilled water.

(k) Sterilizer is now ready for use.

(l) Record in maintenance log

Biological Monitoring (Weekly)

CDC Guidelines for Dental Healthcare Settings

Monitoring of sterilization procedures should include a combination of process parameters, including mechanical, chemical, and biological (247,248,277). These parameters evaluate both the sterilizing conditions and the procedure's effectiveness.

Mechanical techniques for monitoring sterilization include assessing cycle time, temperature, and pressure by observing the gauges or displays on the sterilizer and noting these parameters for each load (243,248). Some tabletop sterilizers have recording devices that print out these parameters. Correct readings do not ensure sterilization, but incorrect readings can be the first indication of a problem with the sterilization cycle.

Chemical indicators, internal and external, use sensitive chemicals to assess physical conditions (e.g., time and temperature) during the sterilization process. Although chemical indicators do not prove sterilization has been achieved, they allow detection of certain equipment malfunctions, and they can help identify procedural errors. External indicators applied to the outside of a package (e.g., chemical indicator tape or special markings) change color rapidly when a specific parameter is reached, and they verify that the package has been exposed to the sterilization process. Internal chemical indicators should be used inside each package to ensure the sterilizing agent has penetrated the packaging material and actually reached the instruments inside. A single-parameter internal chemical indicator provides information regarding only one sterilization parameter (e.g., time or temperature). Multiparameter internal chemical indicators are designed to react to >2 parameters (e.g., time and temperature; or time, temperature, and the presence of steam) and can provide a more reliable indication that sterilization conditions have been met (254). Multiparameter internal indicators are available only for steam sterilizers (i.e., autoclaves).

Because chemical indicator test results are received when the sterilization cycle is complete, they can provide an early indication of a problem and where in the process the problem might exist. If either mechanical indicators or internal or external chemical indicators indicate inadequate processing, items in the load should not be used until reprocessed (134).

Biological indicators (BIs) (i.e., spore tests) are the most accepted method for monitoring the sterilization process (278,279) because they assess it directly by killing known highly resistant microorganisms (e.g., *Geobacillus* or *Bacillus* species), rather than merely testing the physical and chemical conditions necessary for sterilization (243). Because spores used in BIs are more resistant and present in greater numbers than the common microbial contaminants found on patient-care equipment, an inactivated BI indicates other potential pathogens in the load have been killed (280).

Correct functioning of sterilization cycles should be verified for each sterilizer by the periodic use (at least weekly) of BIs (2,9,134,243,278,279). Every load containing implantable devices should be monitored with such indicators (248), and the items quarantined until BI results are known. However, in an emergency, placing implantable items in quarantine until spore tests are known to be negative might be impossible.

Manufacturer's directions should determine the placement and location of BI in the sterilizer. A control BI, from the same lot as the test indicator and not processed through the sterilizer, should be incubated with the test BI; the control BI should yield positive results for bacterial growth.

In-office biological monitoring is available; mail-in sterilization monitoring services (e.g., from private companies or dental schools) can also be used to test both the BI and the control. Although some DHCP have expressed concern that delays caused by mailing specimens might cause false-negatives, studies have determined that mail delays have no substantial effect on final test results (281,282).

BIOLOGICAL MONITORING PROCEDURE:

1. Removes (2) Biological Monitor vials from box
2. Label **Test** vial (DH1 or DA1) and **Control** vial ("C")
3. Places only **Test** vial in a horizontal position on the center tray of autoclave and runs a normal cycle
4. Activate **Control** vial by gently crushing and placing in incubator
5. When sterilization is complete, removes Test vial and lets cool for 10 minutes (notes label changes from blue to black)
6. Activate **Test** vial by gently crushing/shaking and placing in incubator
7. In 24-48 hours reads and records results (pass/fail) in log book. If **Test** vial passes, disposes of in biohazard container. If **Test** vial fails, bag and sterilize prior to disposing in biohazard container.
8. Bag and sterilize control vial prior to disposing of in biohazard container

ULTRASONIC CLEANER MAINTENANCE SCHEDULE

Dental Assisting – Operative Instruments (Daily)

Dental Hygiene – Removable Prosthetics (Weekly)

1. Completely drain solution from ultrasonic reservoir.
2. Thoroughly rinse out reservoir with warm water.

3. Wipe outside of unit with disinfecting solution.
4. Refill reservoir with recommend enzymatic solution/water to appropriate level.
5. Record in maintenance log

EYE WASH STATION MAINTANANCE (Weekly HS 135 & HS 109)

1. Nozzles unclogged and present
2. Activating valve operable
3. Water pressure not too high or low
4. No foreign particles in bowl or basin
5. Nozzle dust covers installed
6. Record in maintenance log

AMERICAN DENTAL ASSOCIATION **COMMISSION ON DENTAL ACCREDITATION**

Accreditation is a status granted to an institution that meets or exceeds specific criteria of educational quality. The purposes of the accreditation process are to assess and enhance the educational quality of an institution, to assure consistency in institutional operations, to promote institutional improvement, and to provide for public accountability and transparency.

The Dental Assisting and Dental Hygiene programs offered by Gulf Coast State College were initiated in 1970 and 1996, respectively. The most recent evaluation of both programs was in 2019; this was the Commission's seventh site evaluation of the Dental Assisting program and fifth site evaluation of the Dental Hygiene program. After the 2019 site visit, the accreditation status for the Dental Assisting and Dental Hygiene education programs was "approval without reporting requirements."

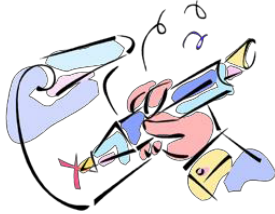
The United States Department of Education (USDE) procedures require accrediting agencies to provide an opportunity for third-party comments with respect to institutions or programs scheduled for review. Students, faculty, constituent dental societies, state boards of dentistry, and other interested parties have the right to file a complaint with the American Dental Association Commission on Dental Accreditation within 60 days of the scheduled review.

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

To file a complaint, write to the Commission at the address below. A copy of the appropriate 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 or by calling 1.800.621.8099 (ext. 4653). www.ada.org/prof/ed/accred/commission/index.asp

DENTAL PROGRAMS FORMS

These documents should be reviewed, signed in blue/black ink and returned to the Program Coordinator



- ✓ **Attendance Policy Acknowledgment and Agreement**
- ✓ **Drug/Alcohol Policy – Statement of Understanding**
- ✓ **Background Check Acknowledgment Form**
- ✓ **Authorization to Release Personal Information**
- ✓ **COVID-19 Cover Letter**
- ✓ **COVID-19 Protocol**
- ✓ **Notice of Privacy Practices**
- ✓ **Pregnancy Policy (if applicable)**
- ✓ **GCSC Model Release**
- ✓ **Program Manual – Statement of Understanding**
- ✓ **Technical Standards**
- ✓ **Recommendation Request Authorization**

These documents will be placed in your program file for reference



ATTENDANCE POLICY
ACKNOWLEDGEMENT AND AGREEMENT FORM

Dental team members must have an excellent attendance record. Patient treatment is planned in advance with a schedule that is strictly adhered to and dependent upon every team member being present. Therefore, students must demonstrate their ability to be present, punctual and prepared during their enrollment in the dental programs. Attendance during lectures, laboratory and clinic sessions is the best mechanism for mastery of knowledge and skills necessary for becoming a competent dental assistant or dental hygienist.

Attendance expectations are specified and are reflected in the grading processes of the Dental Assisting and Dental Hygiene programs. Advanced notification of any absence must be communicated to the appropriate dental faculty or staff as indicated in each individual dental course syllabus.

Your signature indicates that you have read and understand the Attendance Policy as outlined in the Dental Programs Manual and realize that points lost due to tardiness or absenteeism could result in your failing one or more courses, and your dismissal from the program.

Student's Name *(Please Print)*

Student's Signatures Date

Program Coordinator's Signature Date

This document will be placed in your program file for reference in the event of any Attendance Policy violation



**Division of Health Sciences
Drug/Alcohol Policy
STATEMENT OF**

I, _____, have received, read, and

Print Name

understand the Gulf Coast State College Health Science Division's Drug and Alcohol Policy, and agree to comply with all aspects of this policy. Furthermore, I understand that any infraction of the stated policy could result in immediate dismissal from the Health Sciences program in which I am enrolled.

Student's Signature

Date

***This document will be placed in your program file for reference in the event of any
Drug / Alcohol Policy violation.***



Authorization for Release of Personal Information

Student: please initial the statement of choice, and then complete the blanks at the bottom portion of the page (other than faculty signature).

_____ By my signature below, I authorize Gulf Coast State College and the Health Science Division faculty to release my criminal background check clearance, immunization records, and any other personally identifiable information required to enter any Health Science program, participate in educational or clinical training experiences, graduate, or complete my application for licensure or certification. This release includes, but is not limited to, the following agencies: any affiliate utilized for clinical training, Florida Department of Health, state licensing agencies, and the Florida Community College Risk Management Consortium. Revocation of this release may be requested in writing to the Health Science Division.

_____ I refuse the release of my personal information. I understand that without the release of this information, I will not be able to apply for authorization into required clinical training areas, nor will I be able to apply for licensure or certification as a graduate of the Health Science Program.

Printed name of the student

GCSC Student Identification Number

Signature of student

Date

Faculty Signature

Date Received

Gulf Coast State College
Health Sciences and Nursing Divisions
Acknowledgment of Background Check Information

Gulf Coast State College (GCSC) students that are granted conditional acceptance into a Health Sciences program must receive a satisfactory criminal background check prior to final acceptance into the program. The background check will be scheduled and performed at the discretion of the Division to which the student has applied. Information and instructions on how to complete the background check will be sent by the applicable program coordinator.

Please Note: Criminal background checks performed through other agencies will not be accepted. Also, be aware that clinical agencies may require an additional background check prior to clinical access. Although background checks are required before program entry, it is possible to graduate from a program at GCSC and be denied the opportunity for licensure because of an unfavorable background check. Even if the student has been accepted into and completed a program at GCSC, this does not guarantee authorization for licensure or eligibility to take the licensure exam. Those authorizations are granted by the Health Sciences governing professional licensure boards. This is a notification to the applicant that Gulf Coast State College has no authority over any state-level medical licensure board and cannot be held responsible if the student is accepted into or completes a Health Sciences program and subsequently is denied authorization to take the program-specific licensure exam due to criminal background information.

An applicant must consider how his/her personal history may affect the ability to meet clinical requirements, sit for various licensure exams, and ultimately gain employment. Most healthcare boards in the State of Florida make decisions about licensure on an individual basis. You may visit the Florida Department of Health website at <https://www.floridahealth.gov/> for more information regarding licensure. We offer this information so that you can make an informed decision regarding your future.

Please read the following information carefully: Any student who has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to, any offense under the provision of 456.0635 (see below) may be **disqualified** from admission to any Health Sciences program. In addition to these specific convictions, there are other crimes which may disqualify applicants from entering into the Health Sciences programs and/or clinical rotations. The statute listed below can also be found online: http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0456/Sections/0456.0635.html

456.0635 Health care fraud; disqualification for license, certificate, or registration.-

- (1) Healthcare fraud in the practice of a healthcare professional is prohibited.
- (2) Each board within the jurisdiction of the department, or the department if there is no board, shall refuse to admit a candidate to any examination and refuse to issue a license, certificate, or registration to any applicant if the candidate or applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant:
 - (a) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, or chapter 893, or a similar felony offense committed in another state or jurisdiction, unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed. Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration unless the sentence and any subsequent period of probation for such conviction or plea ended:
 1. For felonies of the first or second degree, more than 15 years before the date of application.
 2. For felonies of the third degree, more than 10 years before the date of application, except for felonies of the third degree under s. 893.13(6)(a).
 3. For felonies of the third degree under s. 893.13(6)(a), more than 5 years before the date of application;

- (b) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, unless the sentence and any subsequent period of probation for such conviction or plea ended more than 15 years before the date of the application;
- (c) Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent 5 years;
- (d) Has been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of the application; or
- (e) Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities, except when such applicant is listed solely based on a default or delinquency on a student loan as provided in s. 120.82.

This subsection does not apply to an applicant for initial licensure, certification, or registration who was arrested or charged with a felony specified in paragraph (a) or paragraph (b) before July 1, 2009.

- (3) The department shall refuse to renew a license, certificate, or registration of any applicant if the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant:
 - (a) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, or chapter 893, or a similar felony offense committed in another state or jurisdiction, unless the applicant is currently enrolled in a pretrial diversion or drug court program that allows the withdrawal of the plea for that felony upon successful completion of that program. Any such conviction or plea excludes the applicant from licensure renewal unless the sentence and any subsequent period of probation for such conviction or plea ended:
 1. For felonies of the first or second degree, more than 15 years before the date of application.
 2. For felonies of the third degree, more than 10 years before the date of application, except for felonies of the third degree under s. 893.13(6)(a).
 3. For felonies of the third degree under s. 893.13(6)(a), more than 5 years before the date of application.
 - (b) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396 since July 1, 2009, unless the sentence and any subsequent period of probation for such conviction or plea ended more than 15 years before the date of the application.
 - (c) Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, unless the applicant has been in good standing with the Florida Medicaid program for the most recent 5 years.
 - (d) Has been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program, unless the applicant has been in good standing with a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of the application.
 - (e) Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities, except when such applicant is listed solely based on a default or delinquency on a student loan as provided in s. 120.82.
- This subsection does not apply to an applicant for renewal of licensure, certification, or registration who was arrested or charged with a felony specified in paragraph (a) or paragraph (b) before July 1, 2009.
- (4) Licensed health care practitioners shall report allegations of health care fraud to the department, regardless of the practice setting in which the alleged health care fraud occurred.
 - (5) The acceptance by a licensing authority of a licensee's relinquishment of a license which is offered in response to or anticipation of the filing of administrative charges alleging health care fraud or similar charges constitutes the permanent revocation of the license.

Important Note: After acceptance and during enrollment in this program, the student is responsible for notifying the program coordinator of any arrest, regardless of adjudication, that occurs after acceptance through graduation. Failure to promptly notify the program coordinator shall be grounds for dismissal from the program.

With my signature below, I acknowledge that Gulf Coast State College, the Health Sciences, or Nursing Division has informed me about the need for a satisfactory background check for licensing boards/exams. In signing this form, I further acknowledge that Gulf Coast State College nor the Health Sciences or Nursing Divisions are liable if I am denied licensure or authorization to take a licensure exam following program completion due to criminal background findings.

Printed name of student

A-_____
GCSC Student ID Number

Signature of student

Date

Faculty or Program Coordinator Signature

Health Sciences or Nursing Program



Dear Health Sciences Students,

On November 4, 2021, the Centers for Medicare & Medicaid Services (“CMS”) published its Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule, which generally establishes mandatory COVID-19 vaccination requirements for all eligible staff, which includes students and interns, at Medicare and Medicaid certified health care facilities, subject to certain limited exceptions.

In compliance with these regulations, Gulf Coast State College Health Sciences students who must complete clinical/practicum experiences in agencies and sites that bill patients under Medicare and Medicaid must be fully vaccinated against COVID-19 or have received an exemption according to the CMS Interim Final Rule. As part of your program’s clinical requirements, you are required to comply with these rules. The purpose of this letter is to set forth in detail these requirements.

All Health Sciences students are required to report their vaccination status, and if vaccinated, to upload proof of vaccination to their individual CastleBranch account to maintain confidentiality. Students who fail to provide truthful information regarding their vaccination status may be subject to discipline, including but not limited to, dismissal from their assigned clinical facility and program of study.

Other than students who have requested and received an exemption from the CMS Interim Final Rule, as explained in more detail below, students who are assigned to a Medicare or Medicaid certified health care facility for clinical assignments are required to comply with the Interim Final Rule’s phased implementation timeline:

- a. Phase 1: Must have received at least the first dose of a two-dose COVID-19 vaccine or a one-dose COVID-19 vaccine prior to providing any services for a Medicare or Medicaid certified health care facility by **January 27, 2022**.
- b. Phase 2: Must have received the necessary shots to be fully vaccinated (either two doses of Pfizer or Moderna or one dose of Johnson & Johnson) by **February 28, 2022**.

Medicare and Medicaid certified health care facilities may choose to grant exemptions to students using their own policies/procedures/expectations OR request that the College facilitate the exemption process for them. The College cannot guarantee that a College-approved accommodation will be acceptable to any or all clinical/practicum agencies or placement sites, or that clinical/practicum agencies or placement sites will be able to identify reasonable accommodations for vaccine exemption requests. It is solely your responsibility to adhere to all clinical/practicum agency/placement site policies and expectations.

For students who have requested and not been granted an enumerated exemption under this policy, the College will make reasonable efforts to reassign them to a non-Medicare or Medicaid certified facility as the Interim Final Rule



does not recognize a testing opt-out provision for unvaccinated students, however the College cannot guarantee that this will be possible in all cases.

Should a CMS facility request that Gulf Coast State College collect and maintain such exemption forms, adapted versions of the Florida Department of Health forms will be utilized (attached). Students may request an exemption from the CMS mandated vaccination requirements based on the following:

- a. *Reasonable Accommodation for Disability/ Medical Reasons:* Student requests for an exemption from complying with the Interim Final Rule as a reasonable accommodation for a disability or medical reasons must be uploaded to their individual CastleBranch account using the attached form. Such requests will be evaluated in accordance with state and federal law governing such requests.
- b. *Sincerely Held Religious Belief:* Student requests for an exemption from complying with the Interim Final Rule due to a sincerely held religious belief must be uploaded to their individual CastleBranch account using the attached form. Such requests will be evaluated in accordance with state and federal law governing such requests.

Finally, as the Interim Final Rule applies to Medicare or Medicaid certified facilities as a matter of federal law, the College disclaims all responsibility for the decisions of clinical facilities, as well as any impacts upon a student's education or injuries that may arise from either a student's decision to be vaccinated or a decision to seek an exemption.

I acknowledge receipt of this information and understand that a copy of this notification has been provided to the applicable CMS clinical/practicum agencies or placement sites required to comply with the Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule.

Student Signature

Date

GULF COAST STATE COLLEGE
HEALTH SCIENCES and NURSING DIVISIONS

SHARED COMMITMENT TO REDUCE RISK OF CONTRACTING AND/OR TRANSMITTING COVID-19

GENERAL GUIDELINES:

- Students accept and share a commitment to reduce the risk of contracting and/or transmitting COVID-19.
- **FACE MASKS ARE STRONGLY RECOMMENDED INSIDE ALL COLLEGE FACILITIES TO ENSURE THE HEALTH AND SAFETY OF THE ENTIRE COLLEGE COMMUNITY.**
- If/when wearing a mask, it should fully cover nose and mouth appropriately. DO NOT lower mask to chin, even while speaking. If mask becomes soiled, or moist it should be changed immediately. *Regardless of vaccination status, Faculty/staff while alone in their offices will be permitted to remove their mask.*
- All faculty, staff, and students should notify their Instructor and stay home if experiencing symptoms of illness such as a temperature ≥ 100.4 F and/or chills, shortness of breath or difficulty breathing, headache, diarrhea, nausea/vomiting, body aches (myalgia), new loss of taste or smell, congestion or runny nose, cough, and fatigue. *If you have any trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, bluish lips or face, call 911 or call ahead to your local emergency room.*
- As with any communicable or contagious disease, be mindful of hand hygiene and infection control and practice standard precautions. Abide by any additional infection control protocols that have been created for your specialized program of study.
- Exposures, as defined in the GCSC COVID-19 guidelines, must still be reported to the Campus Safety Office, and if symptoms develop, the exposed person should immediately quarantine and it is strongly recommended that they be tested. If the results of the test indicate a positive case of COVID-19, the normal quarantine procedures will apply.
- Guidelines relative to **Exposure Quarantine/Tested Positive Quarantine** can be found on the GCSC COVID-19 Information webpage: <https://www.gulfcoast.edu/covid-19-coronavirus.html>
- In addition to what is listed above, students participating in external clinic rotations will follow respective protocols at each facility.

Note: *Gulf Coast State College is **not requiring a COVID-19 vaccination**; however, clinical facilities may require proof of COVID-19 vaccination status prior to student clinical assignments. To assist faculty in scheduling appropriate clinical rotation assignments based on such requirements, we request that you upload documentation of your COVID-19 vaccination status to your PreCheckSentryMD account and/or follow the clinical facility's mechanism for documentation of vaccinations and/or exemptions, as directed by your program coordinator. While we will attempt alternative placements for any unvaccinated student (or non-reporting student), please be aware that clinical assignments are limited based on the number of clinical facilities that may require the COVID-19 vaccine. In the event that placement is not possible and the student is unable to meet clinical requirements, there may be a delay in course and program completion. If warranted, consultation with the Program Coordinator and/or the Division Chair may be necessary to guide successful program completion or readmission.*

ATTENDANCE:

- If you are experiencing symptoms of COVID-19: Prior to class start time, notify your Instructor (in writing/email) of your illness and resultant absence from class, lab, or clinical.
- Returning to campus/clinical sites: Obtain written permission to resume class activities – this can be provided by your HCP or satisfaction of prescribed quarantine by Dr. David Thomasee.
- Each episode of quarantine will be considered one occurrence for attendance purposes. Any relapse or additional exposure that extends the number of days quarantined will count as a 2nd occurrence.
- Should episodes of quarantining become excessive (>2), counseling will be provided by the program Coordinator to determine if a medical withdrawal might be necessary as a result of missed instructional hours.

Please continue to monitor all Gulf Coast State College communication channels for the most up-to-date information and specifics regarding this evolving situation. New information, guidelines or regulations will be accessible at:

<https://www.gulfcoast.edu/covid-19-coronavirus.html>

Unique situations not addressed here can be discussed individually with the program Coordinator.

Content Sources:

<https://www.cdc.gov/coronavirus/2019-ncov/>
<https://www.gulfcoast.edu/covid-19-coronavirus.html>
[National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)

I have read and agree to follow the COVID-19 Protocol procedures documented above for the Health Sciences Program in which I am enrolled.
Signature and Date: _____



DENTAL PROGRAMS NOTICE OF PRIVACY PRACTICES

We are required by applicable federal and state laws to maintain the privacy of the health information of all dental patients seen at the Gulf Coast State College Dental Clinic. This means that all information in the patient's dental record is personal and confidential and may NOT be disclosed to or discussed with anyone outside the dental clinic. You may NOT remove records from the clinic area or discuss any patient with your friends or family members. With written patient approval, certain information can be obtained from the patient's personal physician if such knowledge is necessary for us in the provision of quality dental care. Health information should NOT be shared with family members of the patient unless the patient has authorized us to do so in writing. The exception to this would be a minor child (under 18 years of age). In this case a parent must be present for any dental treatment and permission must be obtained from that parent or guardian prior to any procedure.

I, _____, have received a copy of this Notice of Privacy Practices for the Gulf Coast State College Dental Clinic and agree to abide by the rules and regulations stated herein.

Student's Name

(Please Print)

Student's Signature

Today's Date

This document will be placed in your program file for reference in the event of any confidentiality violation.



PREGNANCY POLICY

The GCSC Dental Programs are committed to ensuring that our students are aware of the potential dangers of ionizing radiation/chemical exposure to an unborn fetus, and are informed of the correct protective measures needed for protection of the unborn fetus. We understand that this is a voluntary disclosure of pregnancy.

Dental students:

1. Voluntarily notify the Program Coordinator(s) and/ or appropriate faculty in writing as soon as she becomes aware of her pregnancy.
2. Submit a statement from her physician verifying the pregnancy and the expected due date, special precautions, and any physical limitations.
3. Schedule appointments with the Program Coordinator(s) and/ or appropriate faculty for counseling related to the impact of radiation/chemical exposure to the unborn fetus and the ability of the student to participate in all aspects of the dental program.
4. The students should not be considered for radiographs (as a patient) and will be radiation monitoring badge at all times while in the clinical areas. Pregnant students will continue to treat any/all patients regardless of patient health status in accordance with the dental programs published clinic policies.
5. If for any reason the student chooses not to enroll in a particular course, program reapplication will be the only option. All students, whether pregnant or not, must follow standard precautions, comply with all clinic rules/regulations regarding patient care and participate in student rotations.

I HAVE READ AND UNDERSTAND THIS POLICY.

Student's Name: _____

(Please Print)

Student's Signature _____ Date: _____

Faculty's Supervisor _____



GCSC Model Release

I hereby grant to the Gulf Coast State College, acting for and on behalf of the Gulf Coast State College Board of Trustees, its legal representatives and assigns, and those acting with its authority and permission ("GCSC") the unrestricted right and permission to copyright and use, re-use, publish, and republish pictures and/or likenesses of me or those in which I may be included, in whole or in part, in any and all media for any lawful purpose, including the right to:

- Record my participation and appearance on video tape, audio tape, film, photograph or any other medium.
- Use my name, likeness, voice and biographical material in connection with these recordings.
- Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which GCSC, and those acting pursuant to its authority, deem appropriate.

I hereby waive any right that I may have to inspect or approve the finished product or products, as well as the advertising copy or other matter that may be used in conjunction therewith or the use to which it may be applied.

I hereby release, discharge, and agree to save harmless the photographer(s) and/or their legal representatives and assigns, as well as Gulf Coast State College, its legal representatives and assigns, and those acting with its authority and permission from any liability that may occur or be produced in the taking of said pictures or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims arising from any actual or alleged violation or infringement of any trademark, trade name, contract, agreement, copyright (common law or statutory), patent, libel, invasion of privacy, defamation, or any other cause of action arising out of the production, distribution and exhibition of the photographs and images.

I hereby warrant that I am of legal age and have the right to contract in my own name. I have read the above authorization, release, and agreement, and I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Name

Date

Address

City, State and Zip Code

Telephone Number



DENTAL PROGRAMS
Statement of Receipt and Understanding

I have received and read the Gulf Coast State College *Dental Programs Manual* and hereby verify that the information as published in the current *Gulf Coast State College General Catalog*, *GCSC Student Handbook*, and the GCSC Dental Programs Manual have been explained and/or provided to me and I have been given the opportunity to ask questions.

I am aware that I will be working in clinical and laboratory environments that utilize steam autoclaves, Hydrim disinfection unit, ionizing radiation, nitrous oxide gas, hazardous dental materials/chemicals and other potential risk factors. I understand that this manual contains the policies and procedures of the Dental Programs including precautionary measures related to any risks associated with exposure to these and any other items or materials that may be encountered while employed at GCSC or enrolled as a Dental Assisting or Dental Hygiene student.

I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at risk for acquiring Hepatitis B virus (HBV) infection or other infectious diseases. Hepatitis B virus is largely preventable through vaccination. I have been advised to obtain a vaccination against Hepatitis B, and I am required to provide the Dental Department with results of a Tuberculosis (TB) test prior to participating in any clinical courses. I understand that I will provide for my own health coverage related to any expense(s) involved in complying with immunization requirements.

Further, the manual explains my responsibilities as an employee and/or student in the Dental Assisting or Dental Hygiene program including, but not limited to infection control and other safety measures. I also understand that the privilege to practice and/or develop my clinical skills within the college Dental Clinic Facility will be terminated if I fail to abide by the policies and procedures as published by the Dental Programs and Gulf Coast State College. These published documents have been made available to me and confirmed by my signature. I hereby agree to abide by the policies and procedures contained therein.

I have no further questions and fully understand the above statements.

Student/Employee Name:

(Please Print)

Student/Employee Signature:

Date

Program Coordinator's Signature:

Date



DENTAL PROGRAM TECHNICAL STANDARDS

A dental auxiliary is a health care professional whose primary responsibility is to work with the dentist in the office and perform duties delegated by the dentist. In addition to the duties of the profession, the dental auxiliary must always be aware of the patient's condition and needs and be able to interact appropriately.

TECHNICAL STANDARD	DEFINITION	EXAMPLES OF NECESSARY ACTIVITIES (Not All Inclusive)
Cognitive Qualifications	Sufficient Reading, Language and Math Skills; intellectual and emotional functions necessary to plan and implement dental care for individuals	<ul style="list-style-type: none"> • Ability to comprehend and interpret written material • Follow and deliver written and oral direction • Prepare dental treatment plans
Critical Thinking	Critical thinking ability sufficient for clinical judgment; synthesize information from written material and apply knowledge to clinical situations	<ul style="list-style-type: none"> • Identify cause-effect relationships in clinical situations • Develop dental treatment plans • Make rapid decisions under pressure • Handle multiple priorities in stressful situations • Assist with problem solving
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, educational, cultural, and intellectual backgrounds	<ul style="list-style-type: none"> • Establish rapport with patients and colleagues • Cope effectively with stress • Cope with anger/fear/hostility of others in a calm manner • Cope with confrontation • Demonstrate high degree of patience
Communication	Communication abilities sufficient for interaction with others in verbal and non-verbal form (speech, reading, and writing)	<ul style="list-style-type: none"> • Explain treatment procedures • Initiate patient education • Document and interpret treatment actions and patient responses
Mobility	Physical abilities sufficient to move from room to room, to maneuver in small spaces and to perform procedures necessary for emergency intervention	<ul style="list-style-type: none"> • Move around in clinical operatories, workspaces, classrooms, laboratories and other treatment areas • Administer cardio-pulmonary resuscitation procedures • Remain on one's feet in upright position at a workstation without moving about • Climb stairs • Remain in seated or standing position for 3-5 hour periods without a break
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective dental care	<ul style="list-style-type: none"> • Calibrate and use equipment • Position patients • Perform repetitive tasks • Able to grip • Bend at knee and squat. • Reach above shoulder level • Lift with assistance 150 pounds • Exert 20-50 pounds of force (pushing/pulling) • Successfully complete a CPR (Healthcare Provider) certification course
Hearing	Normal, corrected or aided - Auditory ability sufficient to interpret verbal communication from patients and health care team members and to monitor and assess health needs	<ul style="list-style-type: none"> • Hear monitor alarms, emergency signals, and cries for help • Hear tape recorded transcriptions • Hear telephone interactions • Hear audible stethoscope signals during blood pressure screenings
Visual	Normal, corrected - Visual acuity sufficient for observation and assessment necessary for patient assessment	<ul style="list-style-type: none"> • Observe patient responses • Identify and distinguish colors • Accurately read mm markings on small dental instruments
Tactile	Tactile ability sufficient for gross and fine motor coordination necessary for delicate manual assessment of oral tissues	<ul style="list-style-type: none"> • Perform palpation, functions of physical examination and/or those related to therapeutic intervention
Environmental	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> • Work with chemicals and detergents • Tolerate exposure to fumes and odors • Work in areas that are close and crowded • Tolerate the use and wearing of personal protective equipment such as masks or respirator, goggles, face shields, gloves, gowns, and lead aprons or other equipment as necessary for your shift (1- 12 hours) or longer if you cannot be relieved for call or emergencies.

I have read the above technical standards. I feel it is within my ability to carry out the duties and qualifications of a dental hygienist. If I ever have any change in my ability to meet these standards, I will inform the Dental Programs Coordinator without fail.

Signature of Student _____ Date _____

HEALTH SCIENCES DIVISION
DENTAL PROGRAMS

REFERENCE REQUEST AUTHORIZATION

I _____ authorize _____ to
serve as a reference for me in my pursuit of the following:

- Scholarship attainment
- Higher education admission
- Employment application
- Other: _____ (please describe)

I agree that he/she may release the following specific information (verbally and/or in writing) without reserve:

- College Grade Point Average(s)
- Degree attainment or total completed semester hours
- Extracurricular Activity/Community Service participation
- Assessment of my suitability for any of the above marked pursuits

Signature of Requestor

Date



DENTAL ASSISTING PROGRAM 2023-2024



5230 West U.S. Highway 98
Panama City, Florida 32401

850.769.1551 T 800.311.3685
www.gulfcoast.edu

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PURPOSE OF DENTAL ASSISTING MANUAL

The *Dental Assisting Program Manual* is prepared as an information aid and learning tool for students, faculty, staff, and visiting practitioners.

The objectives in the development of this Manual are to:

1. Provide a resource guide for students, faculty, staff, and practitioners.
2. Establish standardized policies for departmental and clinical procedure policies.
3. Standardize clinical performance criteria and evaluations for students.
4. Provide a mechanism for dealing with any emergency situation that might occur in the dental laboratory or clinical area.



Division on Health Sciences Dental Assisting Program

Congratulations!

Welcome to Dental Assisting program at Gulf Coast State College. We are excited to assist you in your educational goals this upcoming academic year. The dental programs faculty and staff are committed and dedicated to providing you with a quality educational experience.

The Dental Assisting program is fully accredited by the Commission on Dental Accreditation (CODA), and provides a quality educational program that combines didactic, laboratory and clinical competencies to enhance your learning outcomes. Graduates of this program will be eligible to apply for the Dental Assisting National Board (DANB) exam to become a Certified Dental Assistant (CDA).

Upon completion of this program you will be prepared to work as a Dental Assistant in a variety of different dental practices such as General dentistry, Orthodontics, Oral surgery, Endodontics, Periodontics, Prosthodontics, Pediatric, or Community based dentistry. Other career choices as an experienced Dental Assistant might include product sales representative, insurance, front office management, education/teaching, or research.

The dental faculty and staff are very proud of our programs and our new state-of-the-art dental facility. It is our goal to provide you with a learning environment that allows for success in the classroom and in the clinical setting.

The purpose of this manual is to provide you with important information regarding policies and activities that apply specifically to the dental assisting program. If you need any additional information or have any questions please contact your academic advisor for clarification.

We wish you success, and look forward to working with you.

Sincerely,

Laurie Womble

Laurie Womble, CDA, BHS
Dental Assisting Coordinator
Gulf Coast State College

GULF COAST STATE COLLEGE DENTAL ASSISTING PROGRAM

PROGRAM PHILOSOPHY:

The Dental Assisting Program at Gulf Coast State College exists because of our students. This program and its instructors are here to help students gain new knowledge and acquire professional skills in order to attain a meaningful position in a highly regarded field.

Students will find that this program encourages individual responsibility within a team-type concept. It takes both students and instructors interacting to the maximum extent in all phases of the instructional and clinical phases to ultimately help the students realize their goals.

The Dental Assisting curriculum creates an environment in which students are stimulated to learn, to grow personally, to develop decision-making and problem-solving skills, and to stimulate creative and independent thinking.

This program is designed to graduate students who will be qualified to become professional members of a dental team and to work effectively within that environment for the betterment of themselves and their patients.

MISSION:

The Dental Assisting program's mission is to provide a learning environment for dental assisting students while recognizing and respecting the diversity and dignity of each individual. Competence, fairness, integrity, responsibility, respect and service-mindedness are emphasized as critical professional values necessary to prepare graduates to enter the workforce as competent entry level dental assistants. Additionally, we are committed to contributing to the oral health needs of the community by providing affordable quality care in a technologically advanced campus dental clinic.

OBJECTIVES:

1. Provide students with a quality hands-on educational approach in a state-of-the-art dental facility in order to cultivate experienced, skilled chair side assistants.
2. Provide formal training for certification in radiology and expanded functions as required by the State of Florida.
3. Prepare students to successfully pass the Dental Assisting National Board (DANB) examination.
4. Provide knowledge and skills of specialty areas of dentistry to prepare the student to work confidently and professionally in all areas of dentistry.
5. Assist students with job placement.

Creed For Dental Assistants

To be loyal to my employer, my calling, and myself,

To develop initiative - having the courage to assume responsibility and the imagination to create ideas and develop them.

To be prepared to visualize, take advantage of and fulfill the opportunities of my calling.

To be a co-worker - creating a spirit of cooperation and friendliness rather than one of fault-finding and criticism.

To be enthusiastic - for therein lies the easiest way to accomplishment.

To be generous, not alone of my name but of my praise and my time.

To be tolerant with my associates, for at times I too make mistakes.

To be friendly, realizing that friendship bestows and receives happiness

To be respectful of the other person's viewpoint and condition.

To be systematic, believing that system makes for efficiency.

To know the value of time for both my employer and myself.

To safeguard my health, for good health is necessary for the achievement of successful career.

To be tactful - always doing the right thing at the right time.

To be courteous - for this is the badge of good breeding.

To walk on the sunny side of the street, seeing the beautiful things in life rather than fearing the shadows.

To keep smiling - always.

Juliette A. Southard.

Dental Assistant's Pledge

"I solemnly pledge that, in the practice of my profession, I will always be loyal to the welfare of the patients who come under my care, and to the interest of the practitioner whom I serve. I will be just and generous to the members of my profession, aiding them and lending them encouragement to be loyal, to be just, to be studious. I hereby pledge to devote my best energies to the service of humanity in that relationship of life to which I consecrated myself when I elected to become a Dental Assistant."



as written by

Dr. Charles Nelson Johnson of Chicago
American Dental Assistant's Association

**Florida Department of Education
Curriculum Framework**

Program Title: Dental Assisting
Program Type: Career Preparatory
Career Cluster: Health Science

Career Certificate Program

Program Number	H170106	
CIP Number	0351060112	
Grade Level	30, 31	
Standard Length	1230 hours	
Teacher Certification	Refer to the Program Structure section.	
CTSO	HOSA	
SOC Codes (all applicable)	Assignment pending.	
CTE Program Resources	http://www.fldoe.org/academics/career-adult-edu/career-tech-edu/program-resources.stml	
Basic Skills Level	Computation (Mathematics): 10	Communications (Reading and Language Arts): 10

Purpose

This program offers a sequence of courses that provides coherent and rigorous content aligned with challenging academic standards and relevant technical knowledge and skills needed to prepare for further education and careers in the Health Science career cluster; provides technical skill proficiency, and includes competency-based applied learning that contributes to the academic knowledge, higher-order reasoning and problem-solving skills, work attitudes, general employability skills, technical skills, and occupation-specific skills, and knowledge of all aspects of Health Science career cluster.

The program is designed to prepare students for employment as dental assistants and to take the Dental Assisting National Board Examination. The program should meet the requirements of the Commission on Dental Accreditation of the American Dental Association and standards recommended by the Florida Board of Dentistry.

The content includes, but is not limited to, dental office and patient management, basic dental laboratory procedures, dental and general anatomy, dental terminology, nutrition, dental instrument and equipment utilization, microbiology, dental pharmacology and anesthesia, chairside assisting and expanded functions, dental office emergencies/CPR, dental radiography, maintenance and asepsis of dental operatory and instrumentation, dental specialty procedures, employability skills, leadership and human relations skills, ethics and jurisprudence, dental materials and preventive dentistry.

Additional Information relevant to this Career and Technical Education (CTE) program is provided at the end of this document.

Program Structure

This program is a planned sequence of instruction consisting of 3 occupational completion points.

This program is comprised of courses which have been assigned course numbers in the SCNS (Statewide Course Numbering System) in accordance with Section 1007.24 (1), F.S. Career and Technical credit shall be awarded to the student on a transcript in accordance with Section 1001.44(3) (b), F.S.

To teach the courses listed below, instructors must hold at least one of the teacher certifications indicated for that course.

The following table illustrates the postsecondary program structure:

OCP	Course Number	Course Title	Teacher Certification	Length	SOC Code
A	DEA0725	Introduction to Dental Assisting	DENTL ASST @7 7G	90 hours	
B	DEA0726	Dental Infection Control Assistant		210 hours	
C	DEA0727	Dental Assisting 1		465 hours	
	DEA0728	Dental Assisting 2		465 hours	

Common Career Technical Core – Career Ready Practices

Career Ready Practices describe the career-ready skills that educators should seek to develop in their students. These practices are not exclusive to a Career Pathway, program of study, discipline or level of education. Career Ready Practices should be taught and reinforced in all career exploration and preparation programs with increasingly higher levels of complexity and expectation as a student advances through a program of study.

1. Act as a responsible and contributing citizen and employee.
2. Apply appropriate academic and technical skills.
3. Attend to personal health and financial well-being.
4. Communicate clearly, effectively and with reason.
5. Consider the environmental, social and economic impacts of decisions.
6. Demonstrate creativity and innovation.
7. Employ valid and reliable research strategies.
8. Utilize critical thinking to make sense of problems and persevere in solving them.
9. Model integrity, ethical leadership and effective management.
10. Plan education and career path aligned to personal goals.
11. Use technology to enhance productivity.
12. Work productively in teams while using cultural/global competence.

Standards

After successfully completing this program, the student will be able to perform the following:

- 01.0 Demonstrate knowledge of the dental health care delivery system and dental health occupations.
- 02.0 Use oral, written, and electronic communication skills with professional etiquette in creating, expressing and interpreting information and ideas.
- 03.0 Describe the legal and ethical responsibilities of the dental health care worker.
- 04.0 Demonstrate an understanding of general anatomy and physiology and apply wellness and disease concepts.
- 05.0 Demonstrate the importance of health, safety, and environmental management systems in dental organizations and their importance to organizational performance and regulatory compliance.
- 06.0 Recognize and respond to emergency situations.
- 07.0 Use information technology tools. (Optional)
- 08.0 Explain the importance of employability skills.
- 09.0 Demonstrate knowledge of airborne and blood borne diseases.
- 10.0 Demonstrate leadership and teamwork skills needed to accomplish team goals and objectives.
- 11.0 Use dental terminology.
- 12.0 Identify structures and explain functions and pathologies of dental and general head and neck anatomy.
- 13.0 Identify principles of microbiology and disease prevention and perform infection control procedures.
- 14.0 Identify, describe, maintain and utilize dental instruments and equipment.
- 15.0 Record patient assessment and treatment data.
- 16.0 Identify the functions of pharmacology and anesthesia as they relate to dentistry.
- 17.0 Identify and perform dental radiographic procedures.
- 18.0 Identify properties and uses, and manipulate dental materials.
- 19.0 Perform chairside assisting for general dentistry and specialty procedures.
- 20.0 Describe principles and perform techniques of preventive dentistry.
- 21.0 Perform general dental business office procedures.
- 22.0 Demonstrate professionalism as a dental team member in the clinical setting.

**Florida Department of Education
Student Performance Standards**

Program Title: Dental Assisting
Career Certificate Program Number: H170106

Course Number: DEA0725
Occupational Completion Point: A
Introduction to Dental Assisting – 90 Hours

01.0	Demonstrate knowledge of the dental health care delivery system and dental health occupations. – The student will be able to:
01.01	Identify the basic components of the dental health care delivery system including public, private, government and non-profit.
01.02	Describe the various types of dental health care providers and the range of services available.
01.03	Describe the composition and functions of a dental health care team.
01.04	Identify the general roles and responsibilities of the individual members of the dental health care team.
01.05	Identify the roles and responsibilities of the consumer within the dental healthcare system.
01.06	Explain the cause and effects of factors that influence the current delivery system of dental healthcare.
01.07	Discuss the impact of emerging issues including technology, epidemiology, bioethics and socioeconomics on the dental healthcare delivery system.
01.08	Discuss the history of dentistry.
02.0	Use oral, written, and electronic communication skills with professional etiquette in creating, expressing and interpreting information and ideas. – The student will be able to:
02.01	Apply basic speaking and active listening skills including reflection, restatement, and clarification techniques.
02.02	Develop basic observational skills and related documentation strategies in written and oral form.
02.03	Identify characteristics of successful and unsuccessful communication including communication styles and barriers.
02.04	Compose written communication using correct spelling, grammar, formatting and confidentiality and specific formats of letter writing.
02.05	Recognize components of medical and dental terminology and abbreviations.
02.06	Recognize the importance of courtesy and respect for patients and other health care workers and maintain good interpersonal relationships.
02.07	Recognize the importance of patient education regarding dental and health care.

02.08	Adapt communication skills to varied levels of understanding and cultural orientation including diverse age, cultural, economic, ethnic and religious groups.
02.09	Identify psychological considerations influencing communication and behaviors.
03.0	Describe the legal and ethical responsibilities of the dental health care worker. – The student will be able to:
03.01	Identify areas of Florida Statute 466 and Rule 64B5-16, F.A.C. and Rule 64B5-25, F.A.C. applicable to practice by the dental health workers.
03.02	Explain practices that could result in malpractice, liability, negligence, abandonment, false imprisonment and fraud.
03.03	Demonstrate procedures for accurate documentation and record keeping.
03.04	Interpret healthcare facility policy and procedures.
03.05	Explain the patients' "Bill of Rights".
03.06	Identify and implement standards of the Health Insurance Portability and Accountability Act (HIPAA) and apply these standards to social media.
03.07	Distinguish between expressed, implied, and informed consent.
03.08	Explain the laws governing harassment, labor and employment.
03.09	Differentiate between legal and ethical issues in dentistry.
03.10	Describe a Code of Ethics consistent with the dental assisting profession.
03.11	Identify and compare personal, professional and organizational ethics.
03.12	Recognize the limits of authority and responsibility of dental health care workers including legislated scope of practice.
03.13	Recognize and report illegal and/or unethical practices of dental health care workers.
03.14	Recognize and report abuse including domestic violence and neglect.
03.15	Identify resources to victims of domestic violence.
03.16	Explain risk management.
04.0	Demonstrate an understanding of general anatomy and physiology and apply wellness and disease concepts. – The student will be able to:
04.01	Develop a basic understanding of the structure and function of the body systems.
04.02	Identify common disorders related to each of the body systems.

04.03	Explain basic concepts of positive self-image, wellness, and stress.
04.04	Develop a wellness and stress control plan that can be used in personal and professional life.
05.0	Demonstrate the importance of health, safety, and environmental management systems in dental organizations and their importance to organizational performance and regulatory compliance. – The student will be able to:
05.01	Describe personal and jobsite safety rules and regulations that maintain safe and healthy work environments.
05.02	Identify and describe methods in medical error reduction and prevention in the dental healthcare setting.
05.03	Demonstrate an understanding of personal safety procedures based on Occupations Safety and Health Administration (OSHA) and Centers for Disease Control (CDC) regulations (including standard precautions).
05.04	Recognize Safety Data Sheets (SDS) and comply with safety signs, symbols and labels.
05.05	Demonstrate procedures for the safe transport and transfer of patients.
05.06	Describe fire safety, disaster, and evacuation procedures.
05.07	Explain emergency procedures to follow in response to workplace accidents.
05.08	Demonstrate handwashing and the use of personal protective equipment used in dentistry.
06.0	Recognize and respond to emergency situations. – The student will be able to:
06.01	Take and record vital signs.
06.02	Describe legal parameters relating to the administration of emergency care.
06.03	Obtain and maintain certification in basic life support (BLS), cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), foreign body airway obstruction (FBAO), and first aid.
07.0	Use information technology tools. (Optional) – The student will be able to:
07.01	Define terms and demonstrate basic computer skills.
07.02	Interpret information from electronic medical documents.
08.0	Explain the importance of employability skills. – The student will be able to:
08.01	Identify personal traits or attitudes desirable in a member of the healthcare team.
08.02	Exemplify basic professional standards of dental healthcare workers as they apply to hygiene, dress, language, confidentiality and behavior (i.e. telephone etiquette, courtesy and self-introductions).
08.03	Prepare and maintain a professional portfolio to document knowledge, continued education, skills, and experience. (Optional)

08.04	Write an appropriate resume.
08.05	Conduct a job search and complete a job application form correctly.
08.06	Demonstrate competence in job interview techniques.
08.07	Examine levels of education, credentialing requirements including licensure and certification, employment opportunities, workplace environments and career growth potential.
08.08	Examine licensing, certification, and industry credentialing requirements.
09.0	Demonstrate knowledge of airborne and blood borne diseases. – The student will be able to:
09.01	Recognize emerging diseases and disorders.
09.02	Distinguish between fact and fallacy about the transmission and treatment of diseases caused by airborne and blood borne pathogens.
09.03	Identify "at risk" behaviors that promote the spread of diseases caused by airborne and blood borne pathogens and the public education necessary to combat the spread of these diseases.
09.04	Identify community resources and services available to the individuals with diseases caused by airborne and blood borne pathogens.
09.05	Apply infection control techniques designed to prevent the spread of diseases caused by airborne and blood borne pathogens to the care of all patients following Centers for Disease Control and Prevention (CDC) guidelines.
09.06	Demonstrate knowledge of the legal aspects of AIDS, including testing.
10.0	Demonstrate leadership and teamwork skills needed to accomplish team goals and objectives. – The students will be able to:
10.01	Analyze attributes and attitudes of an effective leader to include emotional intelligence.
10.02	Recognize factors and situations that may lead to conflict.
10.03	Demonstrate effective techniques for managing team conflict.

Course Number: DEA0726
Occupational Completion Point: B
Dental Infection Control Assistant – 210 Hours

11.0	Use dental terminology. -- The student will be able to:
11.01	Identify and define common dental terms.
11.02	Demonstrate the use of proper dental terminology in the dental environment.
12.0	Identify structures and explain functions and pathologies of dental and general head and neck anatomy. -- The student will be able to:

12.01	Identify structures and functions of head and neck anatomy including bones, muscles, sinuses, salivary glands, lymph nodes, nerves, and blood vessels.
12.02	Identify embryonic development of head, oral cavity, and teeth.
12.03	Identify teeth and their landmarks, and the morphological characteristics of each individual tooth.
12.04	Describe the histological components of the head, oral cavity, and elements of the teeth and supporting structures.
12.05	Recognize and describe oral pathological conditions, related to the teeth and their supporting structures.
12.06	Recognize and describe developmental anomalies related to the teeth, face, and oral structures.
12.07	Describe and differentiate between normal and malocclusion.
12.08	Discuss the adverse effects of the use of alcohol, tobacco, and both legal and illegal drugs on the oral cavity.
13.0	Identify principles of microbiology and disease prevention and perform infection control procedures. -- The student will be able to:
13.01	Differentiate between pathogenic and non-pathogenic microorganisms.
13.02	Describe pathogens and modes of disease transmission.
13.03	Differentiate between aseptic and non-aseptic environments.
13.04	Describe and apply methods of cleaning, disinfection, and sterilization.
13.05	Identify chemicals and their uses for controlling the spread of disease in the dental environment.
13.06	Identify and practice the current CDC guidelines for infection control in dental healthcare settings.
13.07	Describe the duties of the dental office safety coordinator.
13.08	Demonstrate compliance with the OSHA Blood Borne Pathogens Standard (29CFR-1910.1030) applicable to the dental office environment.
13.09	Identify and manage hazardous chemicals and biomedical wastes in accordance with the OSHA Hazard Communications Standard (29CFR-1910.1200), 64E-16 F.A.C., and Environmental Protection Agency regulations.
13.10	Define principles of infection control including standard and transmission based precautions.
13.11	Demonstrate knowledge of dental asepsis.
13.12	Implement appropriate hand hygiene procedures and use of protective barriers.
13.13	Demonstrate knowledge of surgical asepsis and isolation.

14.0	Identify, describe, maintain and utilize dental instruments and equipment.--The student will be able to:
14.01	Identify various types, functions and operations of dental operator and laboratory equipment.
14.02	Identify types and functions of operative, restorative, surgical, prosthodontic, orthodontic and endodontic dental instruments.
14.03	Maintain dental operator equipment and instruments.
14.04	Identify types and functions of specific dental hygiene instruments with emphasis on category rather than individual instruments.
14.05	Seat and dismiss patients.
14.06	Operate oral evacuation devices and air/water syringe.
14.07	Maintain a clear field of vision including isolation techniques.
14.08	Perform a variety of instrument transfers to include four-handed dentistry.
14.09	Utilize appropriate chairside assistant ergonomics.

Course Number: DEA0727
Occupational Completion Point: C
Dental Assisting 1 – 465 Hours

15.0	Record patient assessment and treatment data. -- The student will be able to:
15.01	Take and record medical-dental histories.
15.02	Record assessment of existing oral conditions.
15.03	Perform intraoral and extraoral photography.
15.04	Record conditions diagnosed by the dentist.
15.05	Record treatment-related data on the patient's clinical record.
15.06	Record treatment plan and treatment in patient's chart.
15.07	Perform a visual assessment of existing oral conditions.
15.08	Distinguish between and report subjective and objective information.
16.0	Identify the functions of pharmacology and anesthesia as they relate to dentistry. -- The student will be able to:

16.01	Identify drug requirements, agencies, and regulations including prescribing regulations related to medications subject to addiction.
16.02	Distinguish among the five schedules of controlled substances.
16.03	Record a drug prescription in a patient's chart.
16.04	Utilize ratios and proportional problems to calculate prescribed drug dosages.
16.05	Identify drug actions, side effects, indications and contraindications; verify with Physician's Desk Reference (PDR) or its equivalent.
16.06	Identify common drugs used in dentistry.
16.07	Prepare and apply topical anesthetic agent.
16.08	Identify properties of anesthetics.
16.09	Prepare syringes for the administration of local anesthetics.
16.10	Monitor and identify precautions in the use of nitrous oxide-oxygen conscious sedation.
16.11	Calculate the percentage of nitrous oxide-oxygen delivered during a conscious sedation procedure.
16.12	Identify drugs and agents used for treating dental-related infection.
16.13	Identify and respond to dental office emergencies.
16.14	Describe the signs and symptoms of drug addiction.
16.15	Discuss the dental team's responsibility to recognize patients with drug addictions.
17.0	Identify and perform dental and carpal radiographic procedures -- The student will be able to:
17.01	Describe history, physics and biological effects of ionizing radiation.
17.02	Identify parts of the X-ray machine including accessories.
17.03	Demonstrate radiologic health protection techniques.
17.04	Describe dark room/processing procedures, mix solutions.
17.05	Describe the proper disposal of hazardous radiographic waste.
17.06	Place and expose dental radiographic films or phosphors and digital sensors.
17.07	Perform extraoral radiography as required for dental diagnostic procedures.

17.08	Identify radiographic anatomical landmarks and pathologies.
17.09	Mount radiographic surveys.
17.10	Describe how to maintain unexposed film inventory and storage.
17.11	Maintain digitally acquired radiographic images.
17.12	Practice infection control procedures for all radiographic procedures.
18.0	Identify properties and uses, and manipulate dental materials. -- The student will be able to:
18.01	Identify properties and uses and manipulate gypsum.
18.02	Identify properties and uses and manipulate restorative materials.
18.03	Identify properties and uses and manipulate dental cements.
18.04	Place and remove matrices as permitted by Florida Statute and Florida Board of Dentistry Rule.
18.05	Place and remove temporary restorations as permitted by Florida Statute and Florida Board of Dentistry Rule.
18.06	Identify properties and uses and manipulate impression materials.
18.07	Make intraoral impressions as permitted by Florida Statute and Florida Board of Dentistry Rule.
18.08	Identify properties and uses and manipulate acrylics and thermoplastics.
18.09	Identify properties and uses and manipulate waxes.
18.10	Perform dental laboratory procedures to include the fabrication of casts, custom trays, whitening trays, temporary crowns, and bridges.
18.11	Identify and manage hazardous dental materials and wastes in accordance with the OSHA Hazard Communications Standard (29CFR-1910.1200) and Environmental Protection Agency regulations.
18.12	Employ measurements of time, temperature, distance, capacity, and mass/weight during the manipulation of dental materials.
19.0	Perform chairside assisting for general dentistry and specialty procedures. -- The student will be able to:
19.01	Describe procedures, equipment, materials, and instrumentation used in the dental specialties to include but not limited to periodontics, endodontics, pedodontics, oral surgery, orthodontics, and prosthodontics.
19.02	Assemble tray set-ups for general and specialty dental procedures.
19.03	Assist in general and specialty dental procedures.

19.04 Describe the special needs of patients during dental procedures.

19.05 Perform patient education to include pre- and post-operative instructions as prescribed by a dentist.

19.06 Describe procedures, equipment, and materials utilized in digital dentistry to include CAD/CAM Technology.

Course Number: DEA0728
Occupational Completion Point: C
Dental Assisting 2 – 465 Hours

20.0 Describe principles and perform techniques of preventive dentistry. -- The student will be able to:

20.01 Describe the process of oral biofilm formation and its management through preventative dentistry.

20.02 Provide patient preventive education and oral hygiene instruction.

20.03 Prepare and set up for various preventive procedures.

20.04 Identify properties and uses of abrasive agents used to polish coronal surfaces and appliances.

20.05 Perform coronal polish and apply anticariogenic and desensitizing treatments as permitted by Florida Statute and Florida Board of Dentistry Rule.

20.06 Clean and polish removable dental appliances.

20.07 Apply dental sealants as permitted by Florida Statute and Florida Board of Dentistry Rule.

20.08 Identify the elements of nutrition, basic food groups, and acceptable diets as recommended by the U.S. Department of Agriculture.

20.09 Identify dietary deficiencies and dietary practices that contribute to the manifestation of symptoms in the oral cavity.

20.10 Identify community dental resources and services available.

21.0 Perform general dental business office procedures. -- The student will be able to:

21.01 Maintain appointment control.

21.02 Maintain an active recall system.

21.03 Prepare and maintain accurate patient records.

21.04 Prepare and maintain patient financial records, collect fees.

21.05 Demonstrate the use of dental procedure codes and current terminology when preparing and managing insurance claims.

21.06	Differentiate the different categories of dental procedure codes.
21.07	Prepare and maintain office financial records.
21.08	Prepare and maintain dental office inventory control and purchasing.
21.09	Demonstrate public relations responsibilities of the secretary/receptionist.
21.10	Demonstrate skills on office equipment.
21.11	Maintain the dental business office environment.
21.12	Receive and dismiss patients and visitors.
21.13	Demonstrate appropriate patient management/customer service skills.
21.14	Describe the effect of money management on practice goals.
22.0	Demonstrate professionalism as a dental team member in the clinical setting. – The student will be able to:
22.01	Perform dental assisting duties, dental assisting expanded functions, and dental radiographic procedures in a clinical setting under the direct supervision of a licensed dentist.
22.02	Interact with a professional dental team in the delivery of patient services.
22.03	Utilize employability skills.

Additional Information

Laboratory Activities

Laboratory investigations that include scientific inquiry, research, measurement, problem solving, emerging technologies, tools and equipment, as well as, experimental, quality, and safety procedures are an integral part of this career and technical program/course. Laboratory investigations benefit all students by developing an understanding of the complexity and ambiguity of empirical work, as well as the skills required to manage, operate, calibrate and troubleshoot equipment/tools used to make observations. Students understand measurement error; and have the skills to aggregate, interpret, and present the resulting data. Equipment and supplies should be provided to enhance hands-on experiences for students.

Field Internship Activities: Clinical experiences are integrated with the didactic portion of this program. Clinical experience assisting a dentist must be an integral part of the educational program designed to perfect students' competence in performing dental assisting functions, rather than to provide basic instruction. The major portion of the students' time in clinical assignments must be spent assisting with or participating in patient care. Prior to clinical assignments, students demonstrate minimum competence in performing the procedures which they will be expected to perform in their clinical experience.

Special Notes

Dental assisting programs accredited by the American Dental Association Commission on Dental Accreditation are required to implement enrollment and admissions criteria that include the selection of adult students with a high school diploma, its equivalent, or an advanced degree.

This program focuses on broad, transferable skills and stresses understanding and demonstration of the following elements of the health care industry; planning, management, finance, technical and production skills, underlying principles of technology, labor issues, community issues and health, safety, and environmental issues.

For Florida information contact the Florida Agency for Health Care Administration (AHCA), Division of Health Quality Assurance, Board of Dentistry, 4052 Bald Cypress Way, Tallahassee, FL 32399, (850) 245-4161.

This program meets the Department of Health's education requirements for HIV/AIDS, Domestic Violence and Prevention of Medical Errors. Although not a requirement for initial licensure, it is a requirement for renewal, therefore the instructor **may** provide a certificate for renewal purposes to the student verifying these requirements have been met.

If students in this program are seeking a licensure, certificate or registration through the Department of Health, please refer to 456.0635, F.S. for more information on disqualification for a license, certificate, or registration through the Department of Health.

Pursuant to 466.024, F.S., 64B5-16.002, F.A.C. and 64B5-9.011, F.A.C., completers of the dental assisting program may be awarded a certificate verifying formal training which is required for the performance of certain remediable tasks (also known as expanded functions.)

Students should be encouraged to become members and participate in the activities of the professional organization: The American Dental Assistants Association.

Completers of the dental assisting program should be encouraged to take the Dental Assisting National Board (DANB) Certified Dental Assistant (CDA) exam. DANB is recognized by the American Dental Association as the national certification board for dental assistants.

Career and Technical Student Organization (CTSO)

HOSA: Future Health Professionals is the intercurricular career and technical student organization providing leadership training and reinforcing specific career and technical skills. Career and Technical Student Organizations provide activities for students as an integral part of the instruction offered.

Cooperative Training – OJT

On-the-job training is appropriate but not required for this program. Whenever offered, the rules, guidelines, and requirements specified in the OJT framework apply.

Basic Skills

In Career Certificate programs offered for 450 hours or more, in accordance with Rule 6A-10.040, F.A.C., the minimum basic skills grade levels required for postsecondary adult career and technical students to complete this program are: Computation (Mathematics) and Communications (Reading and Language Arts). These grade level numbers correspond to a grade equivalent score obtained on a state designated basic skills examination.

Adult students with disabilities, as defined in Section 1004.02, Florida Statutes, may be exempted from meeting the Basic Skills requirements (Rule 6A-10.040, F.A.C.). Students served in exceptional student education (except gifted) as defined in s. 1003.01, F.S., may also be exempted from meeting the Basic Skills requirement. Each school district and Florida College System Institution must adopt a policy addressing procedures for exempting eligible students with disabilities from the Basic Skills requirement as permitted in Section 1004.91, F.S.

Accommodations

Federal and state legislation requires the provision of accommodations for students with disabilities to meet individual needs and ensure equal access. Postsecondary students with disabilities must self-identify, present documentation, request accommodations if needed, and develop a plan with their counselor and/or instructors. Accommodations received in postsecondary education may differ from those received in secondary education. Accommodations change the way the student is instructed. Students with disabilities may need accommodations in such areas as instructional methods and materials, assignments and assessments, time demands and schedules, learning environment, assistive technology and special communication systems. Documentation of the accommodations requested and provided should be maintained in a confidential file.

Note: postsecondary curriculum and regulated secondary programs cannot be modified.

Additional Resources

For additional information regarding articulation agreements, Bright Futures Scholarships, Fine Arts/Practical Arts Credit and Equivalent Mathematics and Equally Rigorous Science Courses please refer to:

<http://www.fldoe.org/academics/career-adult-edu/career-tech-edu/program-resources.stml>

DENTAL ASSISTING PROGRAM GOALS

- I. PROFESSIONALISM** - To develop a dental assistant who exhibits professionalism, complies with the legal and ethical regulations governing the practice of dental assisting in the state of Florida, and fulfills the local and regional need for dental assistants.
- II. HEALTH PROMOTION AND DISEASE PREVENTION** - To develop a dental assistant who is competent in the performance and delivery of oral health promotion and disease prevention services in the private sector and public health. Public health is concerned with the promotion of health and prevention of disease through organized community efforts. In the private sector, the dental assistant serves as a team member in the promotion of optimal oral health and its relationship to general health.
- III. PATIENT CARE** - To develop a dental assistant who competently provides educational and supportive clinical services, demonstrating a sound grasp of basic skills and knowledge in the basic sciences, dental sciences, general education and dental assisting science, while focusing on individualized care including assessment, preventive, and restorative phases of dentistry, as part of a team effort to provide quality oral health care to patients.

DENTAL ASSISTING PROGRAM COMPETENCIES

Domains

- 1. Core Competencies (C)** reflect the ethics, values, skills, and knowledge integral to all aspects of each of the allied dental professions. These core competencies are foundational to the specific roles of each allied dental professional.
- 2. Health Promotion and Disease Prevention (HP)** are key components of health care. Changes within the health care environment require the allied dental professional to have a general knowledge of wellness, health determinants, and characteristics of various patient communities.
- 3. Community Involvement (CM)**. Allied dental professionals must appreciate their roles as health professionals at the local, state, and national levels. While the scope of these roles will vary depending on the discipline, the allied dental professional must be prepared to influence others to facilitate access to care and services.
- 4. Patient Care (PC)**. Allied dental professionals have different roles regarding patient care. These are reflected in the competencies presented for each discipline. The roles of the allied dental disciplines in patient care are ever-changing, yet central to the maintenance of health. Allied dental graduates must use their skills following a defined process of care in the provision of patient care services and treatment modalities. Allied dental personnel must be appropriately educated in an accredited program and credentialed for the patient care services they provide; these requirements vary by individual jurisdiction.
- 5. Professional Growth and Development (PGD)** reflect opportunities that may increase patients' access to the oral health care system or may offer ways to influence the profession and the changing health care environment. The allied dental professional must possess transferable skills (e.g., in communication, problem-solving, and critical thinking) to take advantage of these

Core Competencies (C)

- 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 needs.
- C.4 Use evidence-based decision making to evaluate emerging technologies and materials to assist in achieving high-quality, cost-effective patient 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 assisting 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 Facilitate a collaborative approach with all patients when assisting in the development and presentation of individualized care plans that are specialized, comprehensive, culturally sensitive, and acceptable to all parties involved in care planning.
- C.13 Facilitate consultations and referrals with all relevant health care providers for optimal patient care.
- C.14 Manage medical emergencies by using professional judgment, providing life support, and utilizing required CPR and any specialized training or knowledge.

Health Promotion and Disease Prevention (HP)

- HP.1 Promote positive 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 Identify individual and population risk factors, and develop strategies that promote health-related quality of life.
- HP.4 Evaluate factors that can be used to promote patient adherence to disease prevention or health maintenance strategies.
- HP.5 Utilize methods that ensure the health and safety of the patient and the oral health professional in the delivery of care.

Community Involvement (CM)

- CM.1 Assess the oral health needs and services of the community to determine action plans and availability of resources to meet the health care needs.
- CM.2 Provide 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.

Patient Care (PC)

Assessment

PC.1 Systematically collect, analyze, and record diagnostic 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.

Planning

PC.5 Select and assemble the appropriate materials and armamentarium for general and specialized patient care.

PC.6 Collaborate with the patient and other health professionals as required to assist in the formulation and presentation of a comprehensive care plan that is patient-centered and based on the best scientific evidence and professional judgment.

Implementation

PC.7 Utilize universal infection control guidelines for all clinical procedures.

PC.8 Provide, as directed, restorative procedures that preserve tooth structure, replace missing or defective tooth structure, maintain function, are esthetic, and promote soft and hard tissue health.

PC.9 Provide clinical supportive and intraoral treatments within the parameters of general and specialized patient care.

PC.10 Prevent, identify, and manage medical and dental emergencies.

Evaluation

PC.11 Evaluate the effectiveness of the provided services, and modify as needed.

Professional Growth and Development (PGD)

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

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.

Adapted from the ADEA Competencies for entry into the Allied Dental Professions.

<http://www.jdentaled.org/content/74/7/769.full.pdf>

COMPETENCIES

The curriculum will provide students with knowledge and skills required to perform the following competencies:

1. DIAGNOSTIC AID SKILLS:
 - a. Take and record medical and dental histories.
 - b. Take and record vital signs.
 - c. Perform soft tissue examinations.
 - d. Chart existing oral conditions.
 - e. Expose radiographs.
 - f. Make preliminary impressions for study casts.
 - g. Make occlusal registration for mounting study casts.

2. CHAIRSIDE ASSISTING SKILLS:
(In the following areas as a part of general dentistry)
 - a. Operative dentistry.
 - b. Oral surgery.
 - c. Periodontics.
 - d. Preventive dentistry.
 - e. Orthodontics.
 - f. Prosthodontics.
 - g. Endodontics.
 - h. Pedodontics.

3. CLINICAL SUPPORT SKILLS:
 - a. Effectively manage patients.
 - b. Maintain patient treatment records.
 - c. Provide postoperative instructions.
 - d. Prepare tray set-ups.
 - e. Prepare and maintain operatory equipment and instruments.
 - f. Practice proper infection control procedures.

4. PREVENTIVE DENTISTRY SKILLS:
 - a. Provide oral health instructions.
 - b. Produce a plaque control score.
 - c. Perform basic dietary analysis.

5. LABORATORY SKILLS:
 - a. Pour, trim, and polish study casts.
 - b. Fabricate custom trays.
 - c. Fabricate temporary restorations.
 - d. Repair, clean, and polish removable appliances.

6. BUSINESS OFFICE SKILLS:
 - a. Telephone management.
 - b. Appointment control.
 - c. Bookkeeping entries/balancing.
 - d. Completion of third-party reimbursement forms.
 - e. Supply inventory maintenance.
 - f. Records management.

7. EMERGENCY PREPAREDNESS SKILLS:
 - a. Obtain certification in Cardiopulmonary Resuscitation.
 - b. Assist with management of medical and dental emergencies when indicated.

8. RADIOGRAPHIC SKILLS:
 - a. Expose, process, mount, and label intraoral films.
 - b. Expose, process, and label extraoral films
 - c. Duplicate radiographic films.
 - d. Utilize radiation safety procedures.
 - e. Critique radiographic films for density, contrast, and detail.

9. ADVANCED FUNCTIONS SKILLS:
 - a. Polish clinical crowns.
 - b. Polish amalgam restorations.
 - c. Apply topical fluoride.
 - d. Place and remove rubber dam.
 - e. Place and remove matrices.
 - f. Place base and varnish/bonding agents.
 - g. Place and remove temporary restorations.
 - h. Place and remove periodontal dressing.
 - i. Place and remove surgical dressing.
 - j. Remove sutures.
 - k. Make impressions for study casts.
 - l. Apply pit and fissure sealants.
 - m. Fabricate temporary crowns.
 - n. Cement temporary crowns and bridges and remove excess cement.
 - o. Monitor nitrous oxide.
 - p. Perform a preliminary charting of existing oral conditions.
 - q. Expose and mount dental radiographs.

10. SUPPORT SKILLS:

Demonstrate competency in the following areas:

 - a. General studies: oral written communication and psychology.
 - b. Biomedical sciences: anatomy and physiology, microbiology, and nutrition.
 - c. Dental sciences: dental materials, dental radiography, oral anatomy, oral histology, oral embryology, oral pathology, and therapeutics.

PROFESSIONAL CREDENTIALS

EXPANDED FUNCTIONS CERTIFICATION:

Students will receive a **Florida Expanded Functions** certificate upon successful completion of DES 1832 and DES 1832L required for completion of this program. The certificate will include those expanded functions legally delegable to dental assistants as allowed in the state of Florida (Chapter 64B5-16 remediable tasks delegable to dental assistants).

Expanded Functions vary from state to state; therefore a graduate relocating to another state may require re-certification. For more information regarding specific state requirements, please check with the Board of Dentistry for that particular state or visit

<http://www.danb.org/main/statespecificinfo.asp>.

FLORIDA RADIOLOGY CERTIFICATION:

Students will receive a **Florida Radiology** certificate upon successful completion of DES 1200, DES 1200L, DES1201, and DES 1201L. This certificate is required to legally expose intraoral/extraoral radiographs under direct supervision in the dental office.

Radiology requirements vary from state to state; therefore a graduate relocating to another state may require re-certification. For more information regarding specific state requirements, please with the Board of Dentistry for that particular state or visit <http://www.danb.org/main/statespecificinfo.asp>.

DENTAL ASSISTING NATIONAL BOARD (DANB) EXAM:

Upon successful completion of the Dental Assisting program at Gulf Coast State College, the student will be eligible to take the Dental Assisting National Board exam to receive the credential of a **Certified Dental Assistant (CDA)**. This credential is required and/or recognized in 38 states across the United States and is mandated for some employment opportunities. Information and applications for the DANB exam will be distributed in the Spring term.

A MOCK national board exam will be administered to assist with preparing students for the DANB exam. All students are required to take this preparatory examination in DEA 0801.

For more information regarding the Dental Assisting National Board (DANB) please visit:

<https://www.danb.org/>

STUDENT AMERICAN DENTAL ASSISTANTS ASSOCIATION (SADAA)

The American Dental Assistants Association is the oldest, largest group representing professional dental assistants. Its members include clinical personnel-those working chairside with the dentist-as well as those on the administrative side: the receptionist, office manager, practice manager and those working behind the scenes in dental product sales, insurance and, of course, educators.

Established over 85 years ago, the ADAA provides continuing education to dental assistants through home study courses, professional journals and local, state and national meetings with educational agendas. It encourages education, registration and certification for dental assisting professionals while providing a network of personal services for its members. Services such as credit cards, insurance programs, salary and other surveys and travel and leisure services.

In most areas, the ADAA is served by the state association and often a local component as well. A membership in the ADAA provides membership in all these-national, state and local.

***American Dental Assistants Association*

SADAA is the professional organization that represents the student voice and is open to all students enrolled in an accredited dental assisting program throughout the country. Student membership in the American Dental Assistants Association, SADAA is a category of membership within the American Dental Assistants Association and is dedicated to the advancement and promotion of the career of dental assisting.

For more information, please visit the American Dental Assistants Association at:

<https://www.adaausa.org/Membership/Who-is-the-DA>

MEMBERSHIP DUES:

Student membership applications and dues will be announced and provided within the first few weeks of the fall term. Membership dues are collected and submitted to the ADAA by your faculty advisor. Your membership dues go to the programs and services that directly affect you future success as a dental assistant.

OFFICERS:

The Dental Assisting class elects four (4) officers to conduct the business and social events for the year. The officers are:

- President
- Vice-President
- Secretary
- Treasurer

MANDATORY MEETINGS:

Members of the SADAA organization must regularly attend meetings with the Gulf Coast State College Student Activities Board. Meeting times will be established at the beginning of each semester.

COMMITTEES:

The committee and number of committees will depend upon the specific needs of the class. When a committee is needed or required the president will ask for volunteers or appoint classmates to participate. Some committees might include:

1. Fund raising
2. Pinning ceremony
3. Special projects (Give Kids a Smile, Veteran's Stand Down)
4. Program approved social events

SADAA FACULTY ADVISOR:

A faculty advisor will be available to the members for advice and counsel for all activities. All SADAA planned activities must be pre-approved by the faculty advisor.

Laurie Womble, CDA, BHS
Coordinator of Dental Assisting
lwomble@gulfcoast.edu
Office: HS 108
Phone: (850) 769-1551 ext.5842

Dental Assisting Program Awards/Recognition

Each Year the following awards/recognition may be presented to a graduating student:

HIGHEST ACADEMIC ACHIEVEMENT AWARD:

This award is granted to the student with the highest academic performance throughout the Dental Assisting program.

OUTSTANDING DENTAL ASSISTING STUDENT AWARD:

This award is presented to the student who has shown leadership and professionalism in the classroom and clinical setting throughout the program. It is a peer based award that is voted on by the faculty and students of the graduating class.

M.FBUDDY KELLY SCHOLARSHIP:

This award is based on need in order to help defray costs associated with tuition or other expenses related with school. Applications for the scholarship are generally distributed and collected in the spring term.

ROBERT L. YOUNG D.M.D SCHOLARSHIP:

This award is based on need in order to help defray costs associated with tuition or other expenses related with school. Applications for the scholarship are generally distributed and collected in the spring term.

STUDENT SUPPORT

ACADEMIC ASSISTANCE:

The Dental Assisting faculty encourages and supports a comprehensive program of academic counseling for all students. Successful retention of all students is a high priority among the faculty. Recognizing the magnitude and complexity of the course material, every effort is made to identify student deficiencies and to offer/provide a means of remediation or support to successfully retain students.

Mid-term evaluations will be conducted each semester to review student's progress and/or to identify areas of deficiencies. If any academic or clinical deficiencies are recognized the student will be counseled and suggestions will be made to assist the student improve.

Academic Assistance for the students may include:

Tutoring Assistance:

- Student study groups
- Faculty assistance
- GCSC Student Success Workshops
- GCSC Success Center

Reasonable Accommodations:

Any student who feels she or he may need an accommodation based on the impact of a disability should contact the Student Accessibility Resources (SAR) at 850-872-3834 or in the Student Union East room 59. The Student Accessibility Resources will coordinate reasonable accommodations for all students with documented disabilities.

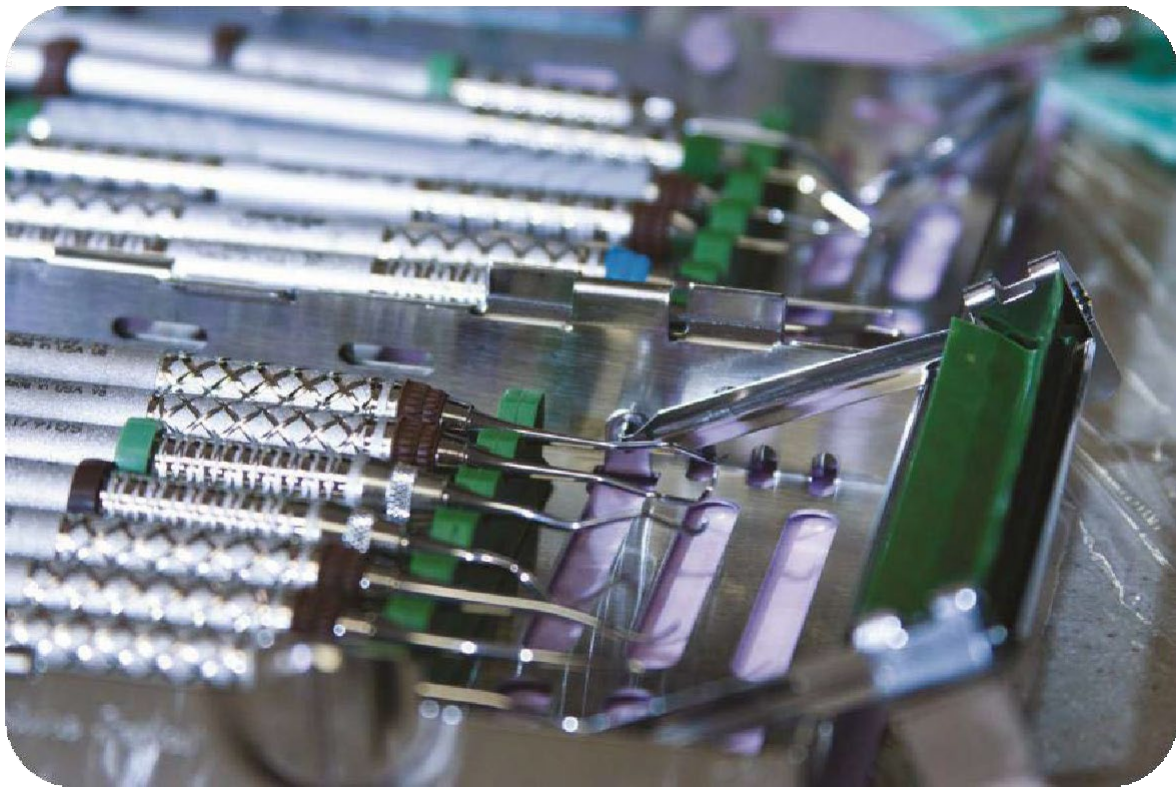
READMISSION GUIDELINES

Dental Assisting Program

1. A student who withdraws from or earns a grade lower than a "C" in a Dental Assisting course will not be permitted to continue in the Dental Assisting Program. A student who does not meet the Technical Standards of the program will not be permitted to continue in the program.
2. A student who applies for readmission to the Dental Assisting program must provide significant evidence which suggests the potential for future success in the program. This evidence may address such things as unusual circumstances, remedial study, and/or additional preparation.
3. Readmission to the Dental Assisting program will be dependent upon available resources.
4. In order to be considered for readmission by the Admissions Committee, the applicant must do the following:
 - a. Submit a written request (not e-mail) to the Dental Assisting Coordinator presenting evidence to justify readmission. This may include letters of recommendation from a previous faculty member or coordinator, additional course work, work experience, etc.
 - b. Meet current guidelines for admission to the College and Dental Assisting Program.
5. Readmission may be contingent upon the candidate's agreeing to audit previously complete course work.



DENTAL HYGIENE PROGRAM 2023-2024



DENTAL HYGIENE CHAPTER

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The Department of Dental Hygiene prepares students to provide educational, therapeutic, and preventive services to children and adults in a variety of treatment settings. The curriculum is accredited by the American Dental Association's Commission on Dental Accreditation.

Satisfactorily completing requirements qualifies students to apply for the Dental Hygiene National Board Examination and individual state board exams for licensure.

The Gulf Coast State College Dental Hygiene Program Manual is prepared as a working document for students, faculty, and visiting practitioners. The objective in the development of this document is to provide a resource guide for students, faculty, and visiting practitioners.

Please read the manual thoroughly and maintain it as a reference for the duration of your academic career in the Dental Hygiene Program. Any deletion or interpretation not fully covered by the manual will be determined and/or supplemented by the dental hygiene faculty.



**Division of Health Sciences
Dental Hygiene Program**

Congratulations!

Please accept my sincere welcome to the Gulf Coast State College Dental Hygiene Program! You should be very proud to be part of a truly exceptional group. Our dental facility and experienced faculty make the Gulf Coast State College Dental Hygiene Program an excellent choice. Our Dental Hygiene Program is fully accredited by the American Dental Association Commission on Dental Accreditation.

As a licensed health care professional, the dental hygienist is an important member of the dental team. As a dental hygienist you play an integral role in assisting patients to achieve and maintain optimal oral health. Upon graduation you are eligible to work in any number of health care settings such as private dental offices, schools, and nursing homes.

The faculty and staff of the Dental Hygiene Program are committed to developing oral health care professionals. Our mission is to provide a learning environment that allows you to excel in the classroom and the clinical setting. The dental faculty and staff are very proud of our dental hygiene program and our new state-of-the-art dental facility. I am very excited about this exceptional group and look forward to working with each of you as you begin your dental hygiene career.

Sincerely,

Miranda Stewart, CDA, CRDH, MS

Miranda Stewart, CDA, CRDH, MS
Coordinator of Dental Hygiene
Gulf Coast State College

DENTAL HYGIENE PROGRAM PHILOSOPHY,

MISSION AND GOALS

Philosophy:

The philosophy of the Dental Hygiene Program represents a comprehensive team approach to dental hygiene education in order to develop oral health care professionals who will not only become critical thinkers, but will demonstrate cultural sensitivity while providing quality, evidence based care to a diverse population. The program serves to encourage goal setting, self-assessment and reflection, lifelong learning, and the development of positive interpersonal relationships with educators, colleagues, patients and community leaders.

Mission:

The Dental Hygiene program's mission is to provide a learning environment for dental hygiene students while recognizing and respecting the diversity and dignity of each individual. Competence, fairness, integrity, responsibility, respect and service-mindedness are emphasized as critical professional values necessary to prepare graduates to enter the workforce as competent entry level dental hygienists. Additionally, we are committed to contributing to the oral health needs of the community by providing affordable quality care in a technologically advanced campus dental clinic.

Goals:

The Dental Hygiene Program's goals are designed to provide the students with entry-level skills and the required knowledge to provide current dental hygiene care. Providing an academic foundation for higher education and continuing professional growth and development throughout the life of the student is paramount.

The program goals are:

1. To comprehensively prepare dental hygiene graduates who possess the knowledge, values, ethics, and skills to provide optimal dental hygiene care through demonstrated competence as defined by the "Florida Department of Education Student Performance Standards."
2. To promote self-evaluation and assessment of individual clinical performance.
3. To prepare students for licensure in the field of dental hygiene.
3. To prepare students for certification in the Florida Expanded Functions.
4. To meet the job market requirements of the community and the employment needs of the students
5. To provide counseling and encouragement for students to continue their education through lifelong learning.

GULF COAST STATE COLLEGE
DENTAL HYGIENE PROGRAM
COMPETENCIES

- A PROFESSIONALISM (Domain)** - *the competent dental hygienist provides clinical care using contemporary professional knowledge, judgment and skills. The dental hygienist must be capable of discerning and managing ethical issues and problems in the practice of dental hygiene.*
1. **Ethics (Subdomain)** – *The dental hygiene graduate must be able to understand, practice and promote the “ADEA Values Defining Professionalism in Dental Education” in the rapidly changing realm of dental hygiene practice.*
 - 1.1. Applies a professional code of ethics to the practice of dental hygiene with personal and professional integrity and serves all persons without discrimination.
 - 1.2. Adheres to Federal laws and Florida Board of Dentistry Rules and Regulations for the provision of dental hygiene care.
 2. **Information Management and Critical Thinking (Subdomain)**
The dental hygiene graduate must be able to acquire and synthesize information in a critical, scientific, and effective manner and apply it to the practice of dental hygiene.
 - 2.1. Use evidence-based decision making to evaluate and incorporate emerging treatment modalities into the accepted standard of care.
 - 2.2. Provide dental hygiene care to promote patient health and wellness using critical thinking and problem solving in the provision of evidence-based practice.
 - 2.3. Acquires professional information through varied technologies and possesses the ability to communicate professional knowledge orally and in writing to patients, colleagues and other professionals.
 3. **Professional Growth & Development (Subdomain)** – *The dental hygiene graduate must be able to contribute to the delivery of quality patient care and professional development through the pursuit of academic and clinical excellence founded on life-long learning and evolving standards of care.*
 - 3.1. Recognizes the roles of the profession including clinician, educator, researcher, consumer advocate and administrator and helps expand and contribute to the knowledge base of dental hygiene.
 - 3.2. Identifies career options within health care, industry, education, government and research and evaluate the feasibility of pursuing dental hygiene opportunities.

- 3.3 Assumes responsibility for self-assessment and pursuing life- long learning related to the provision of contemporary dental hygiene care.
- 3.4 Develops practice management and marketing strategies to be used in the delivery of oral health care.
- 3.5 Accesses professional and social networks to pursue professional goals
- 3.6 Promote the profession through service activities and affiliations with professional organizations.

B. HEALTH PROMOTION AND DISEASE PREVENTION (Domain)

The dental hygienist serves the community in private, public and alternative health settings. Changes within the health care environment require the dental hygienist to have a general knowledge of wellness, health determinants, and characteristics of various patient communities. The dental hygiene graduate must be able to initiate and assume responsibility for health promotion and disease prevention activities (service mindedness) to meet the diverse needs of patients and/or selected populations.

- 1.1 Promotes the values of oral and general health and wellness to the public and organizations within and outside the profession.
- 1.2 Respects the goals, values, beliefs, and preferences of the patient while promoting optimal oral and general health.
- 1.3 Refer patients who may have a physiologic, psychological, and/or social problem for comprehensive evaluation
- 1.4 Identify individual and population risk factors and develop strategies that promote health related quality of life.
- 1.5 Evaluate and utilize methods to ensure the health and safety of the patient and the dental hygienist in the delivery of dental hygiene.

C. COMMUNITY INVOLVEMENT (Domain)

Dental Hygienists must appreciate their role as health professionals at the local, state, and national levels. The graduate dental hygienist must be prepared to influence others to facilitate access to care and services by assessing, planning and implementing programs and activities to benefit the general population.

- 1.1 Develops a commitment to serving the public and advancing the profession through professional and personal community service activities.
- 1.2 Participates in the assessment, planning, implementation and evaluation of community-based oral health programs.
- 1.3 Understands the public policy process in order to influence consumer groups, businesses and government agencies to support oral health care issues.

- 1.4 Provides screening, referral, and educational services that allow patients to access the resources of the health care system.
- 1.5 Assesses the oral health needs of the community and the quality and availability of resources and services.
- 1.6 Provide community oral health services in a variety of settings.
- 1.7 Facilitate patient access to oral health services by influencing individuals and/or organizations for the provision of oral health care.
- 1.8 Evaluate reimbursement mechanisms and their impact on the patient's access to oral health care.
- 1.9 Evaluate the outcomes of community-based programs and plan for future activities.
- 1.10 Advocate for effective oral health care for underserved populations

D. DENTAL HYGIENE PROCESS OF CARE (Domain)

*The dental hygiene process of care applies principles for the biomedical, dental, clinical and social sciences to diverse populations of all ages that may include the medically compromised, mentally or physically challenged, and socially or culturally disadvantaged. Dental Hygienists provide patients with individualized dental hygiene care including **Assessment, Dental Hygiene Diagnosis, Planning, Implementation, Evaluation and Documentation (ADPIED)** to achieve and to maintain oral health. Additionally, accurate, consistent, and complete documentation of the dental hygiene process of care should be expected of all entry-level graduate Dental Hygienists.*

1. Assessment of Patient Needs (Subdomain) – *The dental hygiene graduate must be able to systematically collect, analyze and accurately record individualized data on the general, oral and psychosocial health status of a variety of patients using methodology consistent with medicolegal principles.*

- 1.1. Obtains, reviews and updates a complete medical, family, social, and dental history.
- 1.2. Recognizes health conditions and medications that impact overall patient care as well as predisposing and etiologic risk factors requiring intervention to prevent disease.
- 1.3. Identifies a patient at risk for a medical emergency and manages the patient care in a manner that prevents an emergency.
- 1.4. Performs a comprehensive examination using clinical, radiographic, periodontal, dental charting, and other data collection procedures to assess the patient's/client's needs.

2. Dental Hygiene Diagnosis (Subdomain) – *As a component of the overall dental diagnosis, the Dental Hygiene Diagnosis is the identification of an existing or potential oral health problem that a dental hygienist is educationally qualified and licensed to treat. The use of critical decision making skills to reach conclusions about the patient's/client's dental hygiene needs based on all available assessment data is required.*

- 2.1 Analyze and interpret all assessment data to formulate the dental hygiene diagnosis.
 - 2.2 Determine patient needs that can be improved through the dental hygiene process of care.
 - 2.3 Incorporate the dental hygiene diagnosis into the overall dental treatment plan.
 - 2.4 Recognize and obtain consultations as indicated.
3. **Planning Dental Hygiene Care** (Subdomain) – *The dental hygiene graduate must be able to employ critical decision making skills to formulate a dental hygiene care plan based on all available assessment data. This must be accomplished in collaboration with the patient and/or other oral health professionals to formulate a comprehensive dental hygiene care plan that is patient centered and based on current scientific evidence.*
- 3.1 Analyzes assessment data and formulates oral health goals and a prioritized dental hygiene care/treatment plan based on the dental hygiene diagnosis of problems and/or risk factors related to oral health.
 - 3.2 Obtains informed consent from the patient, parent or guardian prior to implementing services.
 - 3.3 Recognizes and suggests the need for a consultation or referral to appropriate health care professionals.
 - 3.4 Select and assemble the appropriate materials and armamentarium for general and specialized patient care
4. **Implementation** (Subdomain) – *The dental hygiene graduate must be able to provide specialized treatment that includes preventive and therapeutic services designed to assist the patient in achieving and maintaining oral health.*
- 4.1 Perform dental hygiene interventions to eliminate and/or control local etiologic factors to prevent and control caries, periodontal disease, and other oral conditions.
 - 4.2 Provide life support measures to manage medical emergencies in the patient care environment.
 - 4.3 Controls pain and anxiety during treatment through legally accepted clinical and behavioral techniques and administers appropriate chemotherapeutic agents that are within the scope of dental hygiene practice.
 - 4.4 Uses current infection control procedures in all aspects of patient care and applies measures to minimize occupational hazards in the work place.

- 4.5 Provides care to all patients using an individualized approach that is humane, empathetic, and caring.
5. **Evaluation** (Subdomain) –*The dental hygiene graduate must be able to evaluate the effectiveness of the implemented clinical, preventative, and educational services while modifying when necessary.*
- 5.1. Determines the clinical outcomes of dental hygiene interventions using indices, instruments, examination techniques and patient self-report.
- 5.2 Determines the oral health maintenance care intervals to meet the individual’s needs.
- 5.3 Determines the patient’s satisfaction with the oral health care received and the oral health status achieved.
6. **Documentation** (Subdomain) –*The dental hygiene graduate must be able to document the complete and accurate recording of all collected data, treatment planned and provided, recommendations, and other information relevant to patient care and treatment.*
- 6.1 Documents all components of the dental hygiene process of care (Assessment, dental hygiene diagnosis, planning, implementation, and evaluation).
- 6.2 Objectively record all information and interaction between the patient and the practice (i.e. telephone calls, emergencies, prescriptions).
- 6.3 Records legible, concise and accurate information (i.e. dates and signatures, clinical information that subsequent providers can understand, ensure all components of the patient record are accurately labeled).
- 6.4 Recognizes ethical and legal responsibilities of record keeping including guidelines outlined in state regulations and statutes.
- 6.5 Ensures compliance with the federal Health Information Portability and Accountability Act (HIPAA).
- 6.6 Respects and protects the confidentiality of patient information.

Adapted from the 2016 *ADHA Standards for Clinical Dental Hygiene Practice* and the *ADEA Compendium of Curriculum Guidelines for Allied Dental Education Programs*

<https://www.adha.org/resources-docs/2016-Revised-Standards-for-Clinical-Dental-Hygiene-Practice.pdf>

<http://www.aeda.org/cadpd/toolkit/>

ADEA https://www.aeda.org/ADEA/Blogs/Bulletin_of_Dental_Education/New!_ADEA_Entry-level_Compencies_for_Allied_Dental_Professionals.html

Florida Department of Education Dental Hygiene Framework <https://www.fldoe.org/academics/career-adult-edu/career-tech-edu/curriculum-frameworks/2022-23-frameworks/health-science.stml>

Readmissions Guidelines

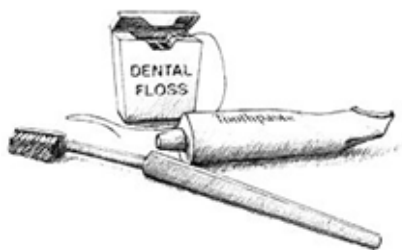
Dental Hygiene Program

1. A student who withdraws from or earns a grade lower than a "C" in one of the approved science courses and/or in a Dental Hygiene course will not be permitted to continue in the Dental Hygiene Program. A student who does not meet the Technical Standards of the program will not be permitted to continue in the program.
2. Applicants who wish to apply for readmission should do so by March 1 if planning to enroll in the Fall semester or October 1 if planning to enroll in the Spring semester.
3. Readmission to the Dental Hygiene Program will be dependent upon available resources.
4. In order to be considered for readmission by the Admissions Committee, the applicant must do the following:
 - a. Submit a written request letter (not e-mail) to the Dental Programs Coordinator presenting evidence to justify readmission. This may include letters of recommendation from a previous faculty member or coordinator, additional course work, work experience, etc.
 - b. Meet current guidelines for admission to the College and the Dental Hygiene Program.
5. Readmission may be contingent upon the candidate's agreeing to audit previously completed course work.
6. A student who applies for readmission to the Dental Hygiene Program must provide significant evidence which suggests the potential for future success in the program. This evidence may address such things as unusual circumstances, remedial study, and/or additional preparation.

DENTAL HYGIENE OATH

In my practice as a dental hygienist, I affirm my personal and professional commitment to improve the oral health of the public, to advance the art and science of dental hygiene.

I pledge continually to improve my professional knowledge and skills, to render a full measure of service to each patient entrusted to my care, and to uphold the highest standards of professional competence and personal conduct in the interests of the dental hygiene profession and the public it serves.



-American Dental Hygienists' Association

PROFESSIONAL CREDENTIALS

Expanded Functions Certification:

Students will earn an Expanded Functions certificate upon successful completion of DES 1832 and DES 1832L. The Certificate will include those expanded functions that are legally allowed in the state of Florida (Chapter 64B5-16 remediable tasks delegable to dental hygienists and dental assistants).

National Dental Hygiene Board Examination (NDHBE):

All eligible sophomore dental hygiene students are required to take the NDHBE for dental hygienists. A student in an accredited dental hygiene program is eligible for examination when the dental hygiene program director (or designee) certifies that the student is prepared for the examination. National Board Examination certification is based on completion of the Dental Hygiene Mock examination with an acceptable score. Students in violation of the GCSC Code of Conduct or on academic probation will not be recommended.

The American Dental Association, Council on Dental Education, sponsors this examination which is a comprehensive test on all dental hygiene subjects. The examination is usually administered in the spring prior to graduation. An exact date is determined by the student when scheduling the exam at the testing center. **The student will be responsible for requesting, completing, and submitting the online application forms for this examination by the established deadline.**

ADEX Examination:

The CDCA administers the ADEX examination on behalf of a number of state dental boards and in accordance with state licensing requirements. This examination should be accepted in any state accepting the ADEX Licensing Examination in Dentistry. However, candidates should consult with the state dental board of any state in which they wish to be licensed, in order to determine specifically whether this examination will qualify them for licensure in that state..

The Examination in Dental Hygiene consists of two Examinations and each takes place at different times. The Computer Simulated Clinical Examination (CSCE) is a computer based examination, approximately 2 hours in length, and usually takes place on one day by appointment at a Prometric Testing Center. The Patient/Manikin Treatment Clinical Examination is approximately 2-4 hours in length, scheduled at a clinical examination site. A score of **75** or more is required to pass each Examination. Both Examinations must be passed to receive CDCA Status. CDCA Status is recognized by the participating CDCA licensing jurisdictions.

Dental Hygiene Examination Fees (Estimate)

Full Exam.....	\$1075
CSCE OSCE.....	\$450
	\$274 (CSCE OSCE Retake)
	\$795 (Additional Clinical Retake)

It is the responsibility of each student to request, complete, and submit the application material for this examination by the established deadline.

Please Note: *The dental hygiene program and individual faculty members are **not** permitted or responsible for approving and/or selecting State Board patients for students. Faculty cannot be accountable for the selection or acceptance of state board patients.*

**AGAIN, RESEARCH THE RULES OF THE AGENCY ADMINISTERING THE EXAM(S).
THEY MAKE NO EXCEPTIONS. EACH STATE OR GEOGRAPHIC REGION MAY BE
DIFFERENT.**

Florida Dental Hygiene Licensure Application Requirements:

The State of Florida does **not** have reciprocity with any state and does not issue licenses by endorsement or credentials. The requirements for licensure by examination are listed below and can be found in Section 466.007, Florida Statutes.:

1. Is at least 18 years of age
2. Has graduated from a dental hygiene college or school approved by the board or accredited by the Commission on Accreditation of the American Dental Association or its successor agency, if any, or any other dental hygiene program accrediting entity recognized by the United States Department of Education;
3. Successful completion of the following examinations:
 - Dental Hygiene National Board Examination

(Graduates of non-accredited dental schools have the option of completing the National Board Dental Examination or the Dental Hygiene National Board Examination)
 - ADEX Dental Hygiene Licensing Examination administered in Florida or in another jurisdiction other than Florida. ADEX scores are valid if taken on or after June 1, 2010
 - Florida Laws and Rules Examination

Florida Laws and Rules Examination Applicants are required to submit the following documents for licensure:

1. National Board Dental Hygiene Examination scores mailed to the Board office directly from the American Dental Association
2. Final official transcripts sent to the Board office by the registrar's office with appropriate stamps, seals, degree and signatures. All final transcripts must indicate the matriculation date, graduation date, degree earned, and be embossed with the school seal. We will not accept any transcript that has "issued to student" stamped on the transcript. Any transcript, which does not conform to these standards, shall be deemed unofficial and unacceptable.
3. If applicable, a certification of licensure from each state in which applicant currently holds or has held a dental or dental hygiene license. The certification should state that your license is in good standing; appropriate signatures and embossed seal of the certifying Board are needed for validation.
4. Current proof of training in cardiopulmonary resuscitation (CPR) at the basic support level, including one – rescuer and two rescuer CPR for adults, children, and infants; the use of an automatic external defibrillator (AED) and the use of ambu-bags. All such training shall be sufficient for and shall result in current certification or recertification by the American Heart Association, the American Red Cross or an entity with equivalent requirements.

Health Care Fraud; Disqualification for License, Certificate, or Registration

Effective July 1, 2012, section 456.0635, Florida Statutes, provides that health care boards or the department shall refuse to issue a license, certificate or registration and shall refuse to admit a candidate for examination if the applicant:

1. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S., (relating to social and economic assistance), Chapter 817, F.S., (relating to fraudulent practices), Chapter 893, F.S., (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed. Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration, unless the sentence and any subsequent period of probation for such conviction or plea ended:
 1. For the felonies of the first or second degree, more than 15 years from the date of the plea, sentence and completion of any subsequent probation;
 2. For the felonies of the third degree, more than 10 years from the date of the plea, sentence and completion of any subsequent probation;
 3. For the felonies of the third degree under section 893.13(6)(a), F.S., more than five years from the date of the plea, sentence and completion of any subsequent probation;
2. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues), unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application.
3. Has been terminated for cause from the Florida Medicaid program pursuant to section 409.913, F.S., unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent five years.
4. Has been terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent five years and the termination occurred at least 20 years before the date of the application;
5. Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.

Applicants are strongly encouraged to review s. 466.007, F.S. and Rule Chapter 64B5-2, F.A.C. prior to submitting the application. These documents are located at <http://www.leg.state.fl.us/statutes/index.cfm?>

State of Florida Dental Hygienist Licensing Fees:

The estimated total fee is required and should be submitted with your application for licensure.

TOTAL FEE	\$130.00
LA Application Fee	\$50.00
DH Licensure Fee	\$80.00*

*Licensure fee is \$37.50 for applicants applying in the second year of the biennium. All initial licenses expire February 28 of the following even numbered year. Licensure biennium dates are March 1 – February 28 of the even years

Local Anesthesia for Dental Hygienists

Applicants for certification in the administration of local anesthesia must complete a course in the administration of local anesthesia which is offered by a dental or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association or approved by the board. The course must include a minimum of 30 hours of didactic instruction and 30 hours of clinical experience, and instruction in:

1. Theory of pain control.
2. Selection-of-pain-control modalities.
3. Anatomy.
4. Neurophysiology.
5. Pharmacology of local anesthetics.
6. Pharmacology of vasoconstrictors.
7. Psychological aspects of pain control.
8. Systematic complications.
9. Techniques of maxillary anesthesia.
10. Techniques of mandibular anesthesia.
11. Infection control.
12. Medical emergencies involving local anesthesia.

The dental hygienist must present evidence of current certification in basic or advanced cardiac life support with the application for certification to administer local anesthesia.

The applicant will pay a \$35.00 one-time fee.

Make sure that you become familiar with the requirements by contacting:

**State of Florida
Department of Health
Board of Dentistry (BOD)
Division of Medical Quality Assurance
4052 Bald Cypress Way, BIN #C-08
Tallahassee, FL 32399-3258
850-245-4444
<http://floridasdentistry.gov/>**

Dental Hygiene Program Awards/Recognition:

Each year the following awards/recognition may be presented to a graduating student:

HIGHEST ACADEMIC ACHIEVEMENT AWARD

This award is given to the student with the highest academic performance throughout their college career.

ALL-AROUND STUDENT AWARD

The Outstanding Leadership Award is given to the student who has shown leadership in the classroom and the clinical setting. This is the only award that is voted on by both the students in the sophomore class and the faculty.

OUTSTANDING DENTAL HYGIENE STUDENT

Departmental Awards are those student awards that an academic division bestows upon a student based upon the student's performance in the academic discipline for that year.

COLGATE STAR AWARD

The Colgate S.T.A.R. award, typically consisting of an American express gift card and commemorative certificate and pin, is offered to a graduating student whom has shown excellence and commitment to the dental hygiene profession.

GOLDEN SCALER AWARD

In 1979, Hu-Friedy initiated the Golden Scaler Award to honor the outstanding achievements of dental hygiene students. The redesigned award highlights a 24kt gold-plated Gracey curette that signifies Dr. Clayton Gracey's vision for excellence.

TABLE CLINIC WINNERS

The top Table Clinic Research Project judged by volunteer healthcare students, faculty, and staff will be awarded certificates of excellence.

Student American Dental Hygienists' Association **SADHA**

INTRODUCTION

SADHA is the professional organization that represents the student voice and is open to all students enrolled in entry level and graduate level dental hygiene programs throughout the country. Student Member of the American Dental Hygienists' Association, or SADHA, is a category of membership within the American Dental Hygienists' Association. ADHA is an association dedicated to the advancement and promotion of dental hygiene.

Benefits of being a SADHA member include scholarships, professional recognition, networking opportunities, employment assistance, professional journals, and continuing education opportunities. Membership in this professional association demonstrates the commitment to excellence and the highest standards of preventive oral health care.

For more information, please visit the SADHA website:
<https://www.adha.org/student-chapters>

MEMBERSHIP DUES

Student membership dues and materials will be announced and provided within the first few weeks of the Fall semester. Membership dues are collected during the Freshman Fall semester and the Sophomore Fall semester when membership applications are submitted to the ADHA Membership Services. Your membership dues go to programs and services that directly affect you and your future success as an oral health care provider.

MANDATORY MEETINGS

Mandatory meetings will be tentatively scheduled for the first Tuesday of each month in HS 201 from 12:00 to 1:00 pm. Some meetings will include lunch or may require you to bring your lunch. Additional meetings or professional presentations may be scheduled as opportunities are presented.

OFFICERS

Officers are elected from both first and second year classes at the beginning of each academic year. The officers are:

- President – Second year student
- Club Vice-President – First year student
- Committee Vice President – First year student
- Secretary – Second year student
- Treasurer – Second year student
- Historian – First year and second year student

COMMITTEES

The committee and number of committees will depend upon the specific needs of the class. The president will appoint a chairperson of each committee. The chairperson will then ask for volunteers for the committees or select members of the class. Some committees might include:

1. Fundraising
2. awards ceremony/Graduationbanquet
3. Component/Constituent liaison
4. Legislation
5. Special projects (i.e. *Kidz Clinic, Special Olympics*)
6. Welcoming/Orientation

MENTORING PROGRAM: ***(MENTOR/MENTEE)***

Second year dental hygiene students will become “*Mentors*” to the incoming first year dental hygiene students “*Mentees.*” The purpose is to mentor the incoming first-year student by providing support, encouragement, and especially friendship, during the first year of the dental hygiene program.

SADHA FACULTY ADVISOR

A faculty advisor will be available to the members for advice and counsel for all activities including the facilitation of meetings, programs, or projects initiated by the organization. All dental faculty are welcome to attend SADHA meetings as their schedule permits.

Miranda Stewart, CDA, CRDH, MS

Coordinator of Dental Hygiene

Office: HS 103

Office Hours: posted on office door

Phone: (850) 747-3244

Email: mstewart@gulfcoast.edu

CONSTITUTION AND BY LAWS

A copy of the constitution and by-laws for Gulf Coast State College SADHA members is available to each student.

WELCOME!

Welcome to the Gulf Coast State College Dental Programs! The full-time faculty and staff are very proud of both Allied Dental Programs. We feel that you can significantly contribute to developing high standards for our students. We are very pleased to have you as a clinical instructor and we look forward to working with you. If you are an adjunct faculty member, please contact the Health Sciences Administrative Specialist, Melissa Bois, in regard to signing your employment contract. If you have any questions regarding the dates of scheduled working days, please discuss with the respective Dental Assisting (DA) or Dental Hygiene (DH) Coordinator.

Your greatest value to the program is one-on-one direct student-faculty interaction. Please work closely with each student which you are assigned to in order to develop rapport and model professional behavior. The Dental Programs philosophy for faculty to take on the role of helper/teacher; not critic/grader. During instruction, tactfully find out, at the beginning of each pre-clinic or clinic session, where each student needs improvement and develop a strategy during the appointment to address the learning need in an encouraging and positive manner. Additionally, feel free to also share your valuable expertise and experience.

Additionally, prior to clinical instruction, please review course topics, correspondence from course coordinators and corresponding Dental Programs Manual pages to help students make a smooth transition from classroom teaching to clinical learning. This will help with faculty consistency and improve clinical decision making skills for students. Make sure to emphasize the need to treat patients with compassion and respect and to display the 6 values of professionalism. Lastly, shall a situation arise in which if you do not know how best to handle, whether it is grading or how best to treatment plan a patient, please consult with another faculty member, the respective Dental Assisting or Dental Hygiene Coordinator or reference **the Dental Programs Manual**. For safety and fairness, it is our responsibility to know, follow, and monitor student compliance for clinical procedures and policies. Please do your part and carefully review the Dental Programs Manual.

General Guidelines/Policies

1. You will be assigned a mailbox. Please check it upon each arrival and prior to your departure. It is important that charts be reviewed and signed regularly so students receive feedback in a timely manner.
2. You will also have available the use of a locker in the Laundry Room for your personal belongings (coats, purses, etc.). If you choose to use a locking mechanism, you must provide the DA or DH Program Coordinator with your combination lock code and/or duplicate key or the locking device will be removed.
3. **There should be no food or drink kept in any area of the clinic except for the designated break room.** Please refrain from “hanging out” in the break room during patient treatment – students **MUST** be monitored during clinic and should be able to locate faculty without delay.
4. No one in clinic gowns will be permitted into the reception room/desk area (any area with carpet).
5. **PARKING** – All faculty must obtain a parking sticker to permit parking access to green lined curbs. Parking stickers are free of charge.
6. **If you must miss an assigned clinic, please try to trade days with another faculty member. If an unexpected absence occurs, perhaps due to illness, please communicate with the DA/DH Program Coordinator regarding any readjustment(s) in your schedule and your contract.**
7. Provide licensure, CPR, clinical, and CE course documentation to the Sr. Administrative Assistant.

The clinical sessions for which you have been employed to instruct are either 4 or 4.5 hour sessions. It is expected that you be available for student questions/interaction prior to the seating of the clinical patient/student and remain until the scheduled clinic session is over. In addition, this will enable you to complete radiographic technique grading/interpretation and patient chart review in a timely manner.

As the paid clinic sessions are officially from 8 am-12 pm and 1-5 pm (or 5:30 pm in some courses), please remain available in the event that a clinical situation extends beyond these times. In order to comply with the Florida State Practice Act, it is imperative that the Clinic Dentist ensure that there are no patients remaining in the clinic (treatment areas) before leaving the building.

DH CLINIC SCHEDULE (DEH 1800L, 1802L, 2804L, DEH 2806L)	AM CLINIC	PM CLINIC
Clinic will be open	8:00 am	1:00 pm
Students Prepare operatory/Faculty Calibration & huddle	8:00-8:15 am	1:00-1:15 pm
Student Patient Presentations	8:15-8:30 am	1:15-1:30 pm
Seat patient	8:30 am	1:30 pm
DEH 1800L & DEH 2804L Last Instr. Eval Request	11:00 am	4:00 pm
DEH 1802L Last Instr. Eval Request	11:30 am	4:30 pm
DEH 2806L Last Inst. Eval Request Class I or II	10:45 am	3:45 pm
DEH 1800L, DEH 2804L, & DEH 2806L Patient dismissed	11:30 am	4:30 pm
DEH 1802L Patient dismissed	12:00 pm	5:00 pm
DEH 1800L, DEH 2804L, & DEH 2806L Clinic over	12:00 pm	5:00 pm
DEH 1802L Clinic over	12:30 pm	5:30 pm

DA OPERATIVE CLINIC SCHEDULE (DEA 0800L, 0801L)	FALL PM CLINIC DEA 0800L	SPRING PM CLINIC DEA 0801L
Clinic will be open	1:00 pm	1:00 pm
Prepare operatories	1:00-1:30 pm	1:00-1:15 pm
Seat patient	1:30 pm	1:15 pm
Patient dismissed	3:45 pm	5:00 pm
Clinic over	4:15 pm	5:30 pm



GULF COAST STATE COLLEGE
Statement of Receipt and Understanding

I have received and read the Gulf Coast State College *Dental Programs Manual* and hereby verify that the information as published has been explained to me and I have been given an opportunity to ask questions specific to the content contained within the documents.

I am aware that I will be working in clinical and laboratory environments that utilize steam autoclaves, instrument disinfection units, ionizing radiation, nitrous oxide gas, hazardous dental materials/chemicals and other potential risk factors. I understand that the above referenced Manual contain the policies and procedures of the Dental Programs including precautionary measures related to any risks associated with exposure to these and any other items, materials or hazards that may be encountered while an employee and/or student at Gulf Coast State College. Specifically, I have read and understand the Occupational Safety and Health Briefings (*Hazards Communication, Emergency Management Plan/Procedures, Bloodborne Pathogens Exposure Control Plan, Respiratory Protection Plan, Infection Control/Hazard Control Policy, Ionizing Radiation Policy*) in the *Dental Programs Manual* and have received training required by OSHA which includes Bloodborne Pathogens, PPE's, Hazard Communication, and Biomedical Waste Management.

I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at risk for acquiring Hepatitis B virus (HBV) infection or other infectious diseases. Hepatitis B virus is largely preventable through vaccination. I have been advised to obtain a vaccination against Hepatitis B (or sign a declination statement), and am required to provide the Dental Department with results of a Tuberculosis (TB) test prior to participating in any clinical courses.

I also understand that the privilege to learn, teach and/or demonstrate my clinical skills within the college Dental Clinic Facility will be terminated if I fail to abide by the policies and procedures as published by the Dental Programs and Gulf Coast State College. These published documents have been made available to me and confirmed by my signature. I hereby agree to abide by the policies and procedures contained therein.

I have no questions and fully understand the above statements.

Student/Employee Name

(Please Print)

Student/Employee Signature

Date

WELCOME!

Welcome to the Gulf Coast State College Dental Programs! The full-time faculty and staff are very proud of both Allied Dental Programs. The *Dental Programs Manual* has been developed as a guide to introduce you to program policies, procedures, and protocol. Please become very familiar with program and clinical procedures and policies as they will be discussed and referenced in nearly all of your Dental courses.

General Guidelines/Policies

1. You will be assigned a mailbox. Please check it upon each arrival to the clinic and prior to your departure. It is important that charts be reviewed and signed regularly for you to receive feedback in a timely manner.
2. You will also have available the use of a locker for your personal belongings (coats, purses, etc.). If you choose to use a locking mechanism, you must provide the DA or DH Program Coordinator with your combination lock code and/or duplicate key or the locking device will be removed.
3. **There should be no food or drink kept in any area of the clinic except for the designated break room.** Please refrain from “hanging out” in the break room during patient treatment – students **MUST** be monitored during clinic and should be able to locate faculty without delay.
4. No one in clinic gowns will be permitted into the reception room/desk area (any area with carpet).
5. **PARKING** – All students must purchase a parking sticker to permit parking access ton campus.
6. If an unexpected absence occurs, perhaps due to illness, please communicate with your assigned faculty **AND** the DA/DH Program Coordinator regarding any readjustment(s) in your schedule.

**DH CLINIC SCHEDULE (DEH 1800L, 1802L, 2804L, DEH 2806L)	AM CLINIC	PM CLINIC
Clinic will be open	8:00 am	1:00 pm
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DEH 1800L, DEH 2804L, & DEH 2806L Patient dismissed	11:30 am	4:30 pm
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DEH 1800L, DEH 2804L, & DEH 2806L Clinic over	12:00 pm	5:00 pm
DEH 1802L Clinic over	12:30 pm	5:30 pm

**DA OPERATIVE CLINIC SCHEDULE (DEA 0800L, 0801L)	FALL PM CLINIC DEA 0800L	SPRING PM CLINIC DEA 0801L
Clinic will be open	1:00 pm	1:00 pm
Prepare operatories	1:00-1:30 pm	1:00-1:30 pm
Seat patient	1:30 pm	1:30 pm
Patient dismissed	3:45 pm	5:00 pm
Clinic over	4:15 pm	5:30 pm

GULF COAST STATE COLLEGE
Statement of Receipt and Understanding

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I have no questions and fully understand the above statements.

Student/Employee Name

(Please Print)

Student/Employee Signature

Date

GCSC Dental Clinic
Clinical Chart Forms & Organization

Forms should be arranged in chart as follows:

1. **COVID-19 Case Questionnaire** (green form)
- *2. **Patient Medical/Dental History (comprehensive 4 page form)**
 - a. include any received documents associated with medical history
- *3. **Subsequent or Recall Medical/Dental History Update and Vital Signs**
- *4. **Medical Clearance Request**
5. **Appointment Scheduling Policy**
6. **Acknowledgement of HIPAA Information**
- *7. **Dental Treatment Consent and Release Agreement**
 - *If indicated - Additional Consent Forms or Post-Instructions:
 - Non-surgical Periodontal Therapy Consent Form (≥ Calc and/or Perio Class III patients only)
 - Tooth Removal Consent Form
- *8. **Patient Screening Form**
- *9. **Dental Clinic Patient Evaluation Form** (STE, GE, Occlusion, Calc. Det., OHI-S)
- *10. **Dental Hygiene Treatment Care Plan Form** (Tx plan, Pt. Ed., goals, outcomes)
- *11. **Risk Assessments** (Caries/Periodontal)
- *12. **Dental Treatment Plan Recommendations** (original given to patient; copy in chart)
- **13. ***Copy of additional letters/correspondence received, sent or given to patient***
- **14. **Progress Notes**
- **15. **Intraoral/Extraoral Radiographic Interpretation**
- **16. **Radiographic Exposure Record**
 - a. All radiographic films/images are placed in the front jacket pocket.
 - b. Film mounts or printed images should be labeled properly (Pt. Name, Date, Contents, Student Name).
 - c. Film duplicates should be placed in properly labeled and sealed (with tape) if placed in coin envelope.
- * **Most current on top**
- ** **Chronological Order**
 - ✓ **Patient Satisfaction Survey** – given at completion of all Dental Hygiene and/or Operative Appointments. Have patient complete and submit to Debbie Pringle during dismissal.
 - ❖ Dental Hygiene – green
 - ❖ Operative – yellow
 - ❖ Kids Clinic– peach



Patient Medical/Dental History

5230 West US Highway 98
Panama City, FL 32401
850.872.3833 or 1.800.311.3685
www.gulfcoast.edu

Date: _____ Birth Date: _____

Name: _____ Age: _____ Sex: _____ Marital Status: _____
 Last First Middle

Address (Home) _____ Phone: _____
 Street City State/Zip

E-Mail Address _____ Cell Phone: _____

Employer: _____ Occupation: _____

Address (Bus.) _____ Phone: _____
 Street City State/Zip

Emergency Contact: _____ Relationship: _____ Phone: _____

Person Responsible for Payment

Name: _____ Relationship: _____ Phone: _____

Employer: _____ Occupation: _____ Policy No. _____

Bill will be paid by: Self _____ Other-Who: _____

Acknowledgment and Authority

I acknowledge full responsibility for the payment of such dental services and agree to pay for them, in full, at the time of service.

Signed _____
Patient, Parent or Agent (Must be 18 years or Older)

Medical History

Please check the box for any condition that you have had in the past or have now. (Parents or Guardian: If you are completing this form for your child, please indicate your child's health status by checking the appropriate box.)

(1) CARDIOVASCULAR	Tendency to Bleed <input type="checkbox"/>	HIV Positive/AIDS <input type="checkbox"/>	Thyroid Disease <input type="checkbox"/>
Congestive Heart Failure <input type="checkbox"/>		Systemic Lupus <input type="checkbox"/>	Hormonal Problems <input type="checkbox"/>
Heart Attack <input type="checkbox"/>	(3) NEUROLOGIC	Rheumatoid Arthritis <input type="checkbox"/>	
Angina Pectoris or Chest Pain <input type="checkbox"/>	Vision Problems <input type="checkbox"/>	(6) PULMONARY	(9) GENITOURINARY
High Blood Pressure <input type="checkbox"/>	Glaucoma <input type="checkbox"/>	Hay Fever <input type="checkbox"/>	Urinate Frequently <input type="checkbox"/>
Heart Murmur <input type="checkbox"/>	Earaches, Ringing in Ears <input type="checkbox"/>	Sinus Trouble <input type="checkbox"/>	Kidney, Bladder Problem <input type="checkbox"/>
Mitral Valve Prolapse <input type="checkbox"/>	Hearing Loss <input type="checkbox"/>	Allergies or Hives <input type="checkbox"/>	Dialysis <input type="checkbox"/>
Rheumatic Fever <input type="checkbox"/>	Severe Headaches <input type="checkbox"/>	Asthma <input type="checkbox"/>	Kidney Transplant <input type="checkbox"/>
Congenital Heart Defect <input type="checkbox"/>	Fainting or Dizzy Spells <input type="checkbox"/>	Chronic Cough/Bronchitis <input type="checkbox"/>	Sexually Transmitted Disease <input type="checkbox"/>
Artificial (Prosthetic) Heart Valve <input type="checkbox"/>	Stroke <input type="checkbox"/>	Emphysema <input type="checkbox"/>	(Syphilis, Gonorrhea, Chlamydia, Herpes or Warts) <input type="checkbox"/>
Arrhythmias, Heart Pacemaker or Defibrillator <input type="checkbox"/>	Epilepsy, Seizures or Convulsions <input type="checkbox"/>	Tuberculosis (TB) <input type="checkbox"/>	
Coronary By-Pass <input type="checkbox"/>	Psychiatric Treatment <input type="checkbox"/>	Breathing Difficulties <input type="checkbox"/>	(10) OTHER CONDITIONS
Coronary Angioplasty <input type="checkbox"/>	Panic Attacks <input type="checkbox"/>	(7) DERMAL/ MUSCULOSKELETAL	Frequent Sore Throats <input type="checkbox"/>
Stent Placid <input type="checkbox"/>	Phobias <input type="checkbox"/>	Allergy to Latex (Rubber) <input type="checkbox"/>	Night Sweats <input type="checkbox"/>
Heart Transplant <input type="checkbox"/>	Chronic Pain <input type="checkbox"/>	Allergy to Bananas, Kiwi, Avocado, Chestnuts, Potato <input type="checkbox"/>	Tobacco/Vape Use _____ <input type="checkbox"/>
Aneurysm <input type="checkbox"/>	(4) GASTROINTESTINAL	Skin Rash <input type="checkbox"/>	Alcohol Use _____ <input type="checkbox"/>
High Cholesterol <input type="checkbox"/>	Stomach/Intestinal Ulcers <input type="checkbox"/>	Dark Mole(s) (Recent changes in appearance) <input type="checkbox"/>	Cannabis/Marijuana Use <input type="checkbox"/>
Other Heart Problem: <input type="checkbox"/>	Colitis <input type="checkbox"/>	Osteoarthritis <input type="checkbox"/>	Use of Recreational Drugs <input type="checkbox"/>
	Persistent Diarrhea <input type="checkbox"/>	Artificial (Prosthetic) Joint <input type="checkbox"/>	Drug &/or Alcohol Addiction (recovering or current) <input type="checkbox"/>
	Hepatitis (Type _____) <input type="checkbox"/>	Osteoporosis <input type="checkbox"/>	Tumor or Cancer <input type="checkbox"/>
	Liver Disease <input type="checkbox"/>	(8) ENDOCRINE	Radiation Therapy <input type="checkbox"/>
	Yellow Jaundice <input type="checkbox"/>	Diabetes (Type I or II) <input type="checkbox"/>	Chemotherapy <input type="checkbox"/>
	Cirrhosis <input type="checkbox"/>	If yes, HbA1c: _____ <input type="checkbox"/>	Post Traumatic Stress Disorder/Syndrome (PTSD/S) <input type="checkbox"/>
	Eating Disorder <input type="checkbox"/>	Insulin Pump: _____ <input type="checkbox"/>	Other Disease, Problem <input type="checkbox"/>
(2) HEMATOLOGIC	(5) IMMUNOLOGIC		If yes, list _____
Blood Transfusion <input type="checkbox"/>	Enlarged Lymph Node or "Gland" <input type="checkbox"/>		
Anemia <input type="checkbox"/>			
Hemophilia <input type="checkbox"/>			
Leukemia <input type="checkbox"/>			
Sickle Cell Anemia <input type="checkbox"/>			

10. Physician's Name _____ Address _____
 Phone # _____ Last Appointment Date _____
 Reason? _____
11. Last date of appointment with any healthcare facility _____
 Reason: _____
- | | YES | NO |
|--|--------------------------|--------------------------|
| 12. Are you currently under the care of a physician? If yes, explain _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you taking (or supposed to be taking) any medicine, drugs or pills of any kind?
Include over the counter and herbal supplements. If yes, list medication name and dose:

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| * Have you ever taken bisphosphonates (i.e. Fosamax, Boniva)? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you have reactions or allergies (drugs/medicine, food, environmental, sulfites)?
If yes, please describe _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you had an adverse reaction to dental or general anesthetic?
Date _____ Reaction _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had any operations or surgery? Describe the problem and any complications:
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever been hospitalized? If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever been pre-medicated for dental treatment?
If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. When you walk up stairs or take a walk, do you ever have to stop because
of pain in your chest, shortness of breath, or because you are very tired? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do your ankles swell during the day? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you sleep on two or more pillows? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you unintentionally lost or gained more than 10 pounds in the past year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Are you on a special diet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. (WOMEN) Are you or could you possibly be pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |

Dental History

1. If you have a dental problem at this time, please describe: _____
2. What is the name and address of your previous dentist? _____

3. When did you last see your dentist/hygienist? _____
4. What was your problem at that time? _____
5. When were your last dental x-rays taken? _____ Type: _____

6. How often do you brush your teeth? _____
7. What type of toothbrush do you use? (soft, medium, hard or electric/power) _____
8. Do you floss your teeth? _____ How often? _____
9. What other aids do you use when cleaning your teeth? _____

10. Check any of the following which you may have:

Pain in face	<input type="checkbox"/>	Teeth sensitive to cold	<input type="checkbox"/>	Bad breath	<input type="checkbox"/>
Pain inside mouth	<input type="checkbox"/>	Difficulty flossing teeth	<input type="checkbox"/>	Discolored teeth	<input type="checkbox"/>
Pain in your ears	<input type="checkbox"/>	Difficulty brushing teeth	<input type="checkbox"/>	“Soft” teeth (susceptible	
Frequent headaches	<input type="checkbox"/>	Food wedging between teeth	<input type="checkbox"/>	to decay)	<input type="checkbox"/>
Jaw joint sounds	<input type="checkbox"/>	Poorly functioning teeth	<input type="checkbox"/>	Loose teeth	<input type="checkbox"/>
Jaw locking or catching	<input type="checkbox"/>	Poorly fitting complete denture(s)	<input type="checkbox"/>	Missing teeth	<input type="checkbox"/>
Jaw pain or aching	<input type="checkbox"/>	Poorly fitting partial denture(s)	<input type="checkbox"/>	Crooked teeth	<input type="checkbox"/>
Clenching or grinding of teeth	<input type="checkbox"/>	Lump or swelling in mouth	<input type="checkbox"/>	Sore gums	<input type="checkbox"/>
Problems chewing	<input type="checkbox"/>	Dry mouth	<input type="checkbox"/>	Facial swelling	<input type="checkbox"/>
Difficulty opening your mouth	<input type="checkbox"/>	Sores or ulcers in mouth	<input type="checkbox"/>	Snoring	<input type="checkbox"/>
Difficulty closing your mouth	<input type="checkbox"/>	Burning mouth or tongue	<input type="checkbox"/>	Stop breathing during sleep	<input type="checkbox"/>
Recent change in your bite	<input type="checkbox"/>	White, red or brown			
Teeth sensitive to heat	<input type="checkbox"/>	lesions in mouth	<input type="checkbox"/>		

- | | | YES | NO |
|---|--------------------------|--------------------------|--------------------------|
| 11. Are you presently experiencing any dental pain or discomfort? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have any special concerns about your mouth or teeth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you nervous about receiving dental treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever had an unpleasant experience in a dental office? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever experienced complications with dental treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do your gums bleed when you brush and/or floss? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever been given instructions on how to brush and/or floss your teeth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever been treated for gum disease? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you ever had an injury to your face, head or neck? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you use tobacco products in any form (smoking, vaping, chewing, snuff)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you have any oral habits which may affect your dental health such as chewing ice? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you like the way your teeth look? (Are they as white and straight as you'd like them to be?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Have you ever worn braces/received orthodontic treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Do you receive any fluoride treatment for your teeth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Is your drinking water fluoridated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Do you drink mostly bottled water? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

27. Do you have any dental problems which are not listed above?

FOR CHILD PATIENT:

28. Has your child ever been treated in an emergency room?
29. Does your child have emotional, mental or nervous disorders?
30. Do you think that your child will be an uncooperative dental patient?
31. Has your child ever sucked her/his thumb or fingers?
32. Has your child inherited any family dental characteristics?
33. Does your child receive any form of fluoride?

To the best of my knowledge, all of the preceding answers are true and correct. If I ever have any change in my health, abnormal laboratory test, or if my medicines change, I will inform the dental professional at the next appointment without fail.

_____ Date _____ Patient, Parent or Guardian Signature

TO BE COMPLETED BY DENTAL HYGIENE/ASSISTING STUDENT AND FACULTY ONLY

Medication Summary

Date	Name of Medication	Reason Prescribed	Gingival/ Oral Changes	Local Anesthesia	Monitor Vital Signs	Orthostatic hypotension	Semi-supine position	Stress Reduction Protocol	Xerostomia	Other/Comments

Patient Vital Signs/ASA Classification

Date <i>(mm/dd/yyyy)</i>	Blood Pressure <i>(RAS/LAS)</i>	Pulse (# bpm) <i>(RAS/LAS)</i>	Respiration <i>(#/min.)</i>	Temperature F° <i>(oral/temporal)</i>	ASA Classification <i>(I-IV)</i>

_____ Dental Hygiene/Assisting Student Signature _____ Date

_____ Faculty Signature _____ Date

MEDICAL/DENTAL ALERT:



5230 West US Highway 98
 Panama City, FL 32401
 T 850.872.3833 or
 1.800.311.3685
 F 850.873.3545
www.gulfcoast.edu

Date: _____

Name: _____ DOB: _____ Age: _____ Gender: _____ School: _____
First Middle Last M/F

Address (Home) _____ Home Phone: _____
Street City State/Zip

E-Mail Address _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Person Responsible for Patient

Name: _____ Relationship: _____ Phone: _____

Employer: _____ Occupation: _____ Work Phone: _____

Bill will be paid by: Self _____ Other-Who: _____

I understand that as my child's parent/guardian/agent, I must remain in the GCSC Dental Clinic throughout the duration of my child's dental treatment. I acknowledge full responsibility for the payment of such dental services and agree to pay for them, in full, at the time of service.

Signed _____
Parent, Guardian or Agent (Must be 18 years or Older)

Medical History

Does the patient have a history of (or currently have) any of the following conditions? Please check the appropriate boxes below:

- | | | | |
|--|--|---|--|
| (1) CARDIOVASCULAR | (3) NEUROLOGIC | Emphysema <input type="checkbox"/> | Genital Herpes or Warts) <input type="checkbox"/> |
| Congestive Heart Failure <input type="checkbox"/> | Vision Problems <input type="checkbox"/> | Chronic Bronchitis <input type="checkbox"/> | HIV Positive <input type="checkbox"/> |
| Heart Attack <input type="checkbox"/> | Glaucoma <input type="checkbox"/> | Tuberculosis (TB) <input type="checkbox"/> | Multiple Sexual Partners <input type="checkbox"/> |
| Angina Pectoris or Chest Pain <input type="checkbox"/> | Earaches, Ringing in Ears <input type="checkbox"/> | Breathing Difficulties <input type="checkbox"/> | (9) OTHER CONDITIONS |
| High Blood Pressure <input type="checkbox"/> | Hearing Loss <input type="checkbox"/> | (6) DERMAL/MUSCULOSKELETAL | Frequent Sore Throats <input type="checkbox"/> |
| Heart Murmur <input type="checkbox"/> | Severe Headaches <input type="checkbox"/> | Allergy to Latex (Rubber) <input type="checkbox"/> | Enlarged Lymph Node or "Gland" <input type="checkbox"/> |
| Mitral Valve Prolapse <input type="checkbox"/> | Fainting or Dizzy Spells <input type="checkbox"/> | Allergy to Bananas, Kiwi, Avocado, <input type="checkbox"/> | Tobacco/Vape Use _____ <input type="checkbox"/> |
| Rheumatic Fever <input type="checkbox"/> | Stroke <input type="checkbox"/> | Chestnuts, Potato <input type="checkbox"/> | Alcohol Use _____ <input type="checkbox"/> |
| Congenital Heart Defect <input type="checkbox"/> | Epilepsy, Seizures or <input type="checkbox"/> | Skin Rash <input type="checkbox"/> | Use Injectable Drugs <input type="checkbox"/> |
| Artificial (Prosthetic) Heart <input type="checkbox"/> | Convulsions <input type="checkbox"/> | Dark Mole(s) (Recent changes in <input type="checkbox"/> | Tumor or Cancer <input type="checkbox"/> |
| Valve <input type="checkbox"/> | Psychiatric Treatment <input type="checkbox"/> | appearance) <input type="checkbox"/> | Radiation Therapy <input type="checkbox"/> |
| Arrhythmias, Heart Pacemaker or <input type="checkbox"/> | Panic Attacks <input type="checkbox"/> | Night Sweats <input type="checkbox"/> | Chemotherapy <input type="checkbox"/> |
| Defibrillator <input type="checkbox"/> | Phobias <input type="checkbox"/> | Osteoarthritis <input type="checkbox"/> | Disease, Problem or Condition not <input type="checkbox"/> |
| Coronary By-Pass <input type="checkbox"/> | (4) GASTROINTESTINAL | Rheumatoid Arthritis <input type="checkbox"/> | listed: _____ <input type="checkbox"/> |
| Coronary Angioplasty <input type="checkbox"/> | Stomach/Intestinal Ulcers <input type="checkbox"/> | Systemic Lupus <input type="checkbox"/> | |
| Stent Placid <input type="checkbox"/> | Colitis <input type="checkbox"/> | Artificial (Prosthetic) Joint <input type="checkbox"/> | |
| Heart Transplant <input type="checkbox"/> | Persistent Diarrhea <input type="checkbox"/> | (7) ENDOCRINE | |
| Aneurysm <input type="checkbox"/> | Hepatitis <input type="checkbox"/> | Diabetes <input type="checkbox"/> | |
| High Cholesterol <input type="checkbox"/> | Liver Disease <input type="checkbox"/> | Thyroid Disease <input type="checkbox"/> | |
| Other Heart Problem <input type="checkbox"/> | Yellow Jaundice <input type="checkbox"/> | Taking Cortisone or other Steroid <input type="checkbox"/> | |
| | Cirrhosis <input type="checkbox"/> | Hormonal Problems <input type="checkbox"/> | |
| (2) HEMATOLOGIC | Eating Disorder <input type="checkbox"/> | (8) GENITOURINARY | |
| Blood Transfusion <input type="checkbox"/> | (5) PULMONARY | Urinate Frequently <input type="checkbox"/> | |
| Anemia <input type="checkbox"/> | Hay Fever <input type="checkbox"/> | Kidney, Bladder Problem <input type="checkbox"/> | |
| Hemophilia <input type="checkbox"/> | Sinus Trouble <input type="checkbox"/> | Dialysis <input type="checkbox"/> | |
| Leukemia <input type="checkbox"/> | Allergies or Hives <input type="checkbox"/> | Kidney Transplant <input type="checkbox"/> | |
| Sickle Cell Anemia <input type="checkbox"/> | Asthma <input type="checkbox"/> | Sexually Transmitted Disease <input type="checkbox"/> | |
| Tendency to Bleed <input type="checkbox"/> | Chronic Cough <input type="checkbox"/> | (Syphilis, Gonorrhea, Chlamydia, <input type="checkbox"/> | |

Pediatrician/Physician's Name _____ Address _____
 Phone # _____ Last Appointment Date _____ Reason? _____
 Last date of appointment with any healthcare facility _____ Reason? _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Is the patient currently under the care of a pediatrician/physician? If yes, explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the patient taking (or supposed to be taking) any medicine, drugs or pills of any kind?
Include over the counter and herbal supplements. If yes, list medication name and dose: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the patient have reactions or allergies to drugs or medicines?
If yes, please describe _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the patient ever had an adverse reaction to dental or general anesthetic?
Date _____ Reaction _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the patient ever had any operations or surgery?
If yes, please describe the problem and any complications: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the patient ever been hospitalized? If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the patient ever been treated in an emergency room? If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has the patient ever been pre-medicated for dental treatment? If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has the patient unintentionally lost or gained more than 10 pounds in the past year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is the patient on a special diet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. <u>For menstruating female patients only:</u> Could the patient possibly be pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |

Dental History

1. If the patient has a known dental problem at this time, please describe: _____
2. What is the name and address of the patient's current or previous dentist? _____
3. When did the patient last see his/her dentist/hygienist? _____ Were oral hygiene instructions provided? _____
4. What was the provided treatment at that time? _____
5. When were the patient's last dental x-rays taken? _____ Type: _____
6. Has the patient ever experienced an unpleasant experience/ complications in the dental office? _____ YES NO
7. What type of toothbrush does the patient use? (soft, medium, hard or electric/power) _____ How often? _____
8. Does the patient clean between his/her teeth with floss or other interdental aid? _____ How often? _____
9. Has the patient ever had an injury to his/her face, head or neck? YES NO
10. Is the patient happy with the way his/her teeth look? (Are they as white and straight as you'd like them to be?) YES NO
11. Has the patient ever worn braces/received orthodontic treatment? YES NO
12. Is the patient's drinking water fluoridated? *City water/Well or Cistern water source?* UNSURE YES NO
13. Does the patient drink mostly bottled water? YES NO

Check any of the following which the patient may have:

<input type="checkbox"/> Pain in face/mouth/ears/jaws <input type="checkbox"/> Frequent headaches <input type="checkbox"/> Jaw joint sounds <input type="checkbox"/> Jaw locking or catching <input type="checkbox"/> Clenching or grinding of teeth <input type="checkbox"/> Problems chewing <input type="checkbox"/> Difficulty opening/closing mouth <input type="checkbox"/> Change in the way the teeth bite together	<input type="checkbox"/> Food wedging between teeth <input type="checkbox"/> Difficulty flossing/brushing teeth <input type="checkbox"/> Teeth sensitive to heat/cold <input type="checkbox"/> "Soft" teeth (susceptible to decay) <input type="checkbox"/> Discolored teeth <input type="checkbox"/> Loose or missing teeth <input type="checkbox"/> Thumb/Finger sucking habit <input type="checkbox"/> Sores or ulcers in mouth	<input type="checkbox"/> White, red or brown lesions in mouth/on face <input type="checkbox"/> Lump or swelling in mouth <input type="checkbox"/> Dry mouth (Xerostomia) <input type="checkbox"/> Sore gums <input type="checkbox"/> Snoring <input type="checkbox"/> Stop breathing during sleep (apnea) <input type="checkbox"/> Burning mouth/tongue <input type="checkbox"/> Bad breath
--	---	--

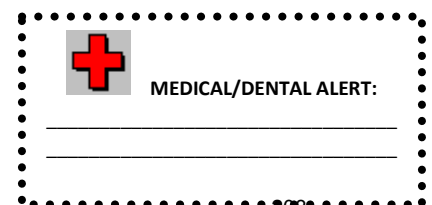
To the best of my knowledge, all of the preceding answers are true and correct. If there are any changes in my child's health, abnormal laboratory test, or if any medicine changes occur, I will inform the dental professional at the next appointment without fail.

Date _____ **Patient, Parent or Guardian Signature** _____

Patient Vital Signs/ASA Classification					
Date (mm/dd/yyyy)	Blood Pressure (RAS/LAS)	Pulse (# bpm) (RAS/LAS)	Respiration (#/min.)	Temperature F° (oral/temporal)	ASA Classification (I-IV)

Dental Hygiene/Assisting Student Signature **Date**

Faculty Signature **Date**





Subsequent or Recall Medical/Dental History Review and Vital Signs

Patient's Name _____ Date of *Most Recent Comprehensive M/D Hx* _____

M/D Hx Review and Vital Signs Documentation

Date <i>(mm/dd/yyyy)</i>	Blood Pressure <i>(RAS/LAS)</i>	Pulse <i>(# bpm) (RAS/LAS)</i>	Respiration <i>(#/min.)</i>	Temp. F° <i>Oral? Temporal?</i>	ASA Class. <i>(I-IV)</i>	M/D Hx Changes?		Patient Initials	Student Initials	Faculty Initials
						Yes	No			
Comments:										
<input type="checkbox"/> Changes in medications; refer to Medication Summary (reverse page)										
Comments:										
<input type="checkbox"/> Changes in medications; refer to Medication Summary (reverse page)										
Comments:										
<input type="checkbox"/> Changes in medications; refer to Medication Summary (reverse page)										
Comments:										
<input type="checkbox"/> Changes in medications; refer to Medication Summary (reverse page)										
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Comments:										
<input type="checkbox"/> Changes in medications; refer to Medication Summary (reverse page)										



Dental Programs MEDICAL CLEARANCE REQUEST

5230 West US Highway 98
Panama City, FL 32401

Dental Clinic Phone: 850.872.3833 | Dental Clinic FAX: 850.873.3545

Patient Name _____ **DOB** _____
Address _____ **City, State, Zip Code** _____
Home Phone # _____ **Work Phone #** _____

The patient indicated above has requested dental care in the Gulf Coast State College Dental Clinic. Such dental services may include oral prophylaxis with subgingival scaling, restorative procedures and/or oral surgery. These procedures may create bleeding and possible bacteremia. These procedures may require the administration of local anesthetics with vasoconstrictor. The above named patient has reviewed with our clinic the following medical information. In an effort to obtain additional medical information prior to providing invasive dental care, the patient grants permission for GCSC to release and obtain medical information to/from: _____

Patient Signature: _____ Date: _____

MEDICAL CONDITION(S):

Date (mm/dd/yyyy)	Patient Vital Signs/ASA Classification				ASA Classification (I-IV)
	Blood Pressure (RAS/LAS)	Pulse (# bpm) (RAS/LAS)	Respiration (#/min.)	Temp. F° Oral? Temporal?	

Dental Hygiene/Assisting Student Signature **Date** **Faculty Signature** **Date**

Please include any contraindications and/or recommendations for dental treatment specific to this patient.
PLEASE COMPLETE BELOW AND FAX THIS FORM TO GCSC DENTAL CLINIC (850.873.3545).

- No Contraindications/Modifications to routine dental treatments suggested.
- Yes, the contraindication and/or modification for dental treatment specific to this patient is/are:

** If the patient needs prophylactic antibiotics, please prescribe.*

Physician's Signature **Date**



Dental Programs MEDICAL CLEARANCE REQUEST

5230 West US Highway 98
Panama City, FL 32401

Dental Clinic Phone: 850.872.3833 | Dental Clinic FAX: 850.873.3545

Patient Name _____ **DOB** _____
Address _____ **City, State, Zip Code** _____
Home Phone # _____ **Work Phone #** _____

The patient indicated above has requested dental care in the Gulf Coast State College Dental Clinic. Such dental services may include oral prophylaxis with subgingival scaling, restorative procedures and/or oral surgery. These procedures may create bleeding and possible bacteremia. These procedures may require the administration of local anesthetics with vasoconstrictor. The above named patient has reviewed with our clinic the following medical information. In an effort to obtain additional medical information prior to providing invasive dental care, the patient grants permission for GCSC to release and obtain medical information to/from: _____

Patient Signature: _____ Date: _____

MEDICAL CONDITION(S):

Date (mm/dd/yyyy)	Patient Vital Signs/ASA Classification				ASA Classification (I-IV)
	Blood Pressure (RAS/LAS)	Pulse (# bpm) (RAS/LAS)	Respiration (#/min.)	Temp. F° Oral? Temporal?	

Dental Hygiene/Assisting Student Signature **Date** **Faculty Signature** **Date**

Please include any contraindications and/or recommendations for dental treatment specific to this patient.
PLEASE COMPLETE BELOW AND FAX THIS FORM TO GCSC DENTAL CLINIC (850.873.3545).

- No Contraindications/Modifications to routine dental treatments suggested.
- Yes, the contraindication and/or modification for dental treatment specific to this patient is/are:

** If the patient needs prophylactic antibiotics, please prescribe.*

Physician's Signature **Date**

Dental Programs Appointment Policy/Patient Responsibilities

Gulf Coast State College’s Dental Programs are dedicated to providing quality allied dental education for students. Due to the teaching nature of the Dental Clinic, the selective treatment you receive **will require more and longer appointments** as students are continuously evaluated by faculty to assure appropriateness and quality. The GCSC Dental Clinic should not be considered a primary “dental home.” Because of the great demand for dental appointments in our facility and to provide varied learning experiences for our students it is likely that you may not be able to schedule subsequent appointments.

Parent(s) or guardian(s) of minors (under age 18) are expected to remain in the dental clinic reception area throughout the duration of any scheduled dental appointment.

Your dental appointment reserves time not only for you, but for faculty, staff and a student dental assistant and/or hygienist whose progress through the allied dental program is dependent on you. The time reserved for you is unavailable to others needing care and is specifically designed to provide a learning experience for a dental student. If you must reschedule an appointment, please provide 24 hours notification by contacting the Clinic Receptionist at 850.872.3833. Should you arrive more than 15 minutes late to the Dental Clinic, it may be necessary to reschedule your appointment. **Failing an appointment without prior notice (24 hours), a repeated pattern of cancellations, and/or late arrivals may result in no further appointments scheduled for you.**

Patients have the responsibility to keep scheduled appointments, provide complete accurate information regarding health and medical/dental history, inquire about treatment options, participate in health care decisions and ask questions, adhere to oral health recommendations, recognize GCSC Dental Clinic as an educational institution, fulfill financial obligations for dental services, and conduct oneself in a respectful and considerate manner.

I have read and agree to abide by the appointment policy/patient responsibilities.

Signature

Date



GULF COAST STATE COLLEGE DENTAL CLINIC NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 4/14/03, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our private practices and the new terms of our Notice effective for all health information that we maintain, including information we created or received before we made the changes. Before we make a significant change in our policy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION ABOUT YOUR TREATMENT, PAYMENT OR OPTIONS

We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. We may use and disclose your health information to obtain payment for services we provide you. We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, **conducting student dental assisting and dental hygiene training programs**, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To your Family and Friends: We must disclose your health information to you, as described in the Patient's Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law. 214

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Clinical Operations: Your name will be listed on a daily schedule posted in the clinic area for reference by students and dental staff; it will not be in view of the reception area. Because the treatment area is an open-bay arrangement and not soundproof, conversations regarding your treatment may be overheard. Every effort will be made to keep voices muted and without reference to patients' names. **Your clinical record may be used in the training of dental students.**

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

PATIENT'S RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$1.00 for each page, \$10.00 for x-rays, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 7 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternate locations. **(You must make your request in writing.)** Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electric Notice: If you receive this Notice on our Web site or by electronic mail (E-Mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of the Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Debra Pringle, Dental Clinic Receptionist
Telephone # 850.872.3833
Address: 5230 West U.S. Highway 98, Panama City, FL 32401-1058

GULF COAST STATE COLLEGE DENTAL CLINIC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have been given a copy of the GCSC Dental Clinic's Notice of Privacy Practices. In addition, I authorize the GCSC Dental Clinic to release and obtain medical information to/from:

1. _____
Name Address Phone Nr.
2. _____
Name Address Phone Nr.

Please print name: _____

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of the receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- _____ *Individual refused to sign*
 - _____ *Communications barrier prohibited obtaining the acknowledgment*
 - _____ *An emergency situation prevented us from obtaining acknowledgment*
 - _____ *Other (Please specify)*
-



DENTAL TREATMENT CONSENT AND RELEASE AGREEMENT

Acknowledgment of Receipt of Information

As a consenting adult, I agree to permit the students and faculty of Gulf Coast State College Dental Programs to provide dental care to myself, my child or patient representative as applicable. Ethical and legal considerations require that you be given information about and that we obtain your consent prior to beginning any treatment. Please realize that what you are being asked to sign is a confirmation that we have discussed the nature and purpose of the treatment, the known risks associated with the treatment, and the feasible treatment alternatives; that you have been given an opportunity to ask questions and that all your questions have been answered to your satisfaction. Please read this form carefully before signing it and ask about anything that you do not understand. You are advised that the primary purpose of the clinic is for teaching purposes and therefore you will be participating in the teaching program. We will be pleased to explain anything further to you.

Consent and Release for Dental Treatment

Before receiving any treatment, I acknowledge that I have asked or had the opportunity to ask the dental student or faculty about the treatment or procedure(s) that is recommended and having asked such questions consent to the commencement of the treatment or procedure(s). I hereby authorize and direct the Dental Student to assist and/or provide for me (or my charge) dental care. I understand that dental hygiene treatment will be administered by a dental hygiene student and evaluated by a licensed dental hygiene faculty member. If necessary, restorative procedures will be performed by the GCSC Licensed Dentist while being assisted by a dental assisting or dental hygiene student under the supervision of a certified Dental Assistant or licensed Dental Hygienist faculty member. I am aware that time utilized may involve several hours at one appointment and that more than one appointment may be necessary.

Procedures may include, but are not limited to: Medical and Dental History analysis and continuous review, soft tissue examination, hard tissue examination, periodontal examination, occlusal analysis, debris index calculations, vitality testing, patient education recommendations, site-specific antimicrobial therapy, mechanical and/or mechanized debridement (scaling and root planing), selective polishing, application of therapeutic agents, non-surgical periodontal therapy, radiographic surveys, the application of preventative sealant material, nutritional counseling, amalgam/composite restorations, occlusal equilibrations and simple tooth extractions. The application of local anesthesia, if deemed necessary, may be administered by a dental hygiene student, licensed Dental Hygienist, and/or licensed Dentist. While highly unlikely, we must inform you that there may be irritation of, or damage to, the tissues involved, including that caused by any injected anesthetic medications.

I understand that GCSC is not obligated to provide all the dental treatments that I may require. Dental services are limited due to the educational scope of the dental programs and comprehensive care should be obtained from a private dental practice of my choice. Upon written request, and with permission from the patient, GCSC dental clinic will provide referrals, consultations and duplicates of radiographs. I understand that when the dental faculty determines it is in the best interest of the patient and/or student, I may be referred to the private sector for further clinical treatment.

Fees for Treatment

Fees for treatment have been explained to me and are satisfactory. Payment is due when services are rendered.



DENTAL HYGIENE PROGRAM NON-SURGICAL PERIODONTAL THERAPY CONSENT FORM

Acknowledgment of Receipt of Information

Ethical and legal considerations require that you be given information regarding treatment about and that we obtain your consent prior to beginning any treatment. What you are being asked to sign is a confirmation that we have discussed the nature and purpose of the non-surgical periodontal therapy, the known risks associated with the treatment, and the feasible treatment alternatives; that you have been given an opportunity to ask questions and that all your questions have been answered to your satisfaction.

Consent for Dental Hygiene Treatment

I hereby authorize and direct the Dental Hygiene Student whose name appears below, to provide for me (or my charge) the suggested periodontal therapy.

No Guarantee of Treatment Results

I understand that there is no way to accurately predict the periodontal healing capabilities of any particular patient following completion of Non-Surgical periodontal therapy, and that complications do occur; and I confirm that I have been given no guarantee or assurance by the dental hygiene student whose name appears below, or by anyone else, as to the results that may be obtained from treatment.

Risks Associated with No Treatment

I understand that should I NOT accept any proposed Non-surgical Periodontal Therapy, one or more of the following *may* occur: faster dissolving of the periodontal structures, increased loss of bony support of the face, lips and cheeks, increased difficulty chewing, pain, and eventual loss of teeth.

Importance of Patient Compliance

I understand that the success of Non-Surgical Periodontal Therapy depends, to a great extent, on my maintaining meticulous oral hygiene. I understand that smoking, alcohol, systemic diseases, medications, an altered immune response, and improper dietary practices may affect bone and tissue healing and may limit the success of the treatment. I agree to follow recommended home care and dietary instructions to the best of my ability. I agree to return at regular intervals as specified for evaluation and further additional oral care and to have performed such dental services as may be recommended to maintain my oral health. This will involve regular and long term follow-up care for the life of my teeth. I agree to report immediately any evidence of pain, swelling or inflammation in my mouth and arrange to return to the clinic or my current dentist, if necessary. I agree not to eat or drink anything for 30 minutes following the application of any therapeutic agents as indicated by the dental hygiene student.

I hereby state that I have read and that I understand this consent form, that I have been given an opportunity to ask any questions I might have had, and that those questions have been answered in a satisfactory manner. I also understand that I am free to withdraw my consent to treatment at any time.

Date _____ Time _____

Signature of Patient _____

Signature of Representative (where required) _____

I certify that the matters set forth above were explained to the patient, that the patient was given an opportunity to ask questions, and that all questions were satisfactory answered. Where this form has been signed by the patient rather than his (her) representative, I certify that, in my judgment, the patient was competent to understand the matters discussed and to give his (her) reasonable consent to treatment.

Dental Hygiene Student

Dental Hygiene Faculty (Registered Dental Hygienist or Licensed Dentist)



DENTAL HYGIENE PROGRAM NON-SURGICAL PERIODONTAL THERAPY CONSENT FORM

Acknowledgment of Receipt of Information

Ethical and legal considerations require that you be given your consent prior to beginning any treatment. What you discussed the nature and purpose of the non-surgical periodontal treatment, and the feasible treatment alternatives; that you all your questions have been answered to your satisfaction.

Consent for Dental Hygiene Treatment

I hereby authorize and direct the Dental Hygienist (at no charge) the suggested periodontal therapy.

No Guarantee of Treatment Results

I understand that there is no way to accurately predict the periodontal results following completion of Non-Surgical periodontal therapy, and I have been given no guarantee or assurance by the dental hygienist, else, as to the results that may be obtained from treatment.

Risks Associated with No Treatment

I understand that should I NOT accept any proposed Non-surgical periodontal therapy, the following *may* occur: faster dissolving of the periodontal support, recession of the gums and cheeks, increased difficulty chewing, pain, and eventual tooth loss.

Importance of Patient Compliance

I understand that the success of Non-Surgical Periodontal Therapy depends, to a great extent, on my maintaining meticulous oral hygiene. I understand that smoking, alcohol, systemic diseases, medications, an altered immune response, and improper dietary practices may affect bone and tissue healing and may limit the success of the treatment. I agree to follow recommended home care and dietary instructions to the best of my ability. I agree to return at regular intervals as specified for evaluation and further additional oral care and to have performed such dental services as may be recommended to maintain my oral health. This will involve regular and long term follow-up care for the life of my teeth. I agree to report immediately any evidence of pain, swelling or inflammation in my mouth and arrange to return to the clinic or my current dentist, if necessary. I agree not to eat or drink anything for 30 minutes following the application of any therapeutic agents as indicated by the dental hygiene student.

Why should this be presented? Do **all patients** get this form?

1. Patient with Periodontal disease
2. Calculus and/or Perio class III or higher
3. **When** should this be presented to the patient?
 - Best if done at time of treatment care plan

How should this be presented?

- Do not have to read it to the patient but do give the patient time to read if they want to.
- Give short summary as you hand it to them

How often do we present it?

- After treatment/care planning if patient's classification is \geq III

At recalls do we have to do another one?

- Only if patient's classification is \geq III

I hereby state that I have read and that I understand this consent form, that I have been given an opportunity to ask any questions I might have had, and that those questions have been answered in a satisfactory manner. I also understand that I am free to withdraw my consent to treatment at any time.

Date _____ Time _____

Signature of Patient _____

Signature of Representative (where required) _____

I certify that the matters set forth above were explained to the patient, that the patient was given an opportunity to ask questions, and that all questions were satisfactory answered. Where this form has been signed by the patient rather than his (her) representative, I certify that, in my judgment, the patient was competent to understand the matters discussed and to give his (her) reasonable consent to treatment.

Dental Hygiene Student

Dental Hygiene Faculty (Registered Dental Hygienist or Licensed Dentist)

Places of **signatures** are like those on the Dental Consent/Release Agreement

Minor ...

Where should their name go?

Place this form in the chart after the Dental Consent/Release Agreement



DENTAL PROGRAMS
CONSENT FOR TOOTH REMOVAL

When you give permission to have upper and/or lower teeth and/or residual roots removed, you understand that the most common risks and hazards of the procedure are:

1. Bleeding heavy enough to stop the procedure.
2. Injury to adjacent teeth and restorations.
3. Postoperative infection and/or bleeding requiring additional treatment.
4. Possibility of a small piece of root being left in the jaw when its removal would require extensive surgery.
5. Breakage of the jaw.
6. Postoperative discomfort and swelling which may necessitate several days of recuperation.
7. Stretching of the corners of the mouth with resulting cracking and bruising.
8. Injury to the nerve underlying the teeth resulting in numbness of the lip and/or tongue on procedure side (this does not apply to upper teeth).
9. Opening of the sinus (a normal cavity situated above the teeth) requiring additional surgery (this does not apply to lower teeth).

The frequencies of occurrence of the above complications are different for each item, but infrequent for any of them. Please sign and date this form where indicated. Prior to signing, feel free to consult with the attending dentist.

Liability and Release

The undersigned acknowledges that Gulf Coast State College is a public institution that is subject to the Florida Sunshine Laws that require the records and documents of the College to be available for public inspection. The undersigned acknowledges that his/her records may be subject to the Florida Sunshine Laws and therefore possible distribution to the public in the event of a public records request. The College will maintain any documents such as medical or dental records that is privileged and protected by other federal or state laws.

By signing this form, I am consenting to the following care service: _____ to be performed by the attending Clinic Dentist while being assisted by the Dental Student and I am releasing Gulf Coast State College from liability from any injury that might occur as a direct result from this/these treatment(s) or procedure(s). I understand that replacement tooth/teeth is not guaranteed and will not be offered as an additional service in the GCSC Dental Clinic. Before receiving any treatment, I acknowledge that I have read and that I understand this consent agreement, that I have been given an opportunity to ask any questions I might have had, and that those questions have been answered in a satisfactory manner. I also understand that I am free to withdraw my consent to treatment at any time.

Date _____

Time _____

Signature of Patient

Signature of Representative (where required)

I certify that the matters set forth above were presented to the patient, that the patient was given an opportunity to ask questions, and that all questions were satisfactorily answered. Where this form has been signed by the patient rather than his/ her representative, I certify that, in my judgment, the patient was competent to understand the matters discussed and to give his/her reasonable consent to treatment.

Signature of Dentist

Signature of Dental Student

POST-INSTRUCTIONS FOLLOWING ORAL SURGERY

GULF COAST STATE COLLEGE DENTAL CLINIC 850-872-3833

We anticipate that your recovery will be quick and as easy as possible. Please read the instructions below carefully; they should answer any questions you may have. Also note that not all instructions may apply to your individual case. The risk of complications can be minimized if these instructions are followed carefully.

DO NOT CONSUME ALCOHOL, SMOKE, DRINK THROUGH A STRAW, OR SPIT FORCEFULLY FOR AT LEAST 48 HOURS. AVOID ACTIVITIES THAT CAUSE SWEATING FOR 48 HOURS.

- DISCOMFORT** Some discomfort is expected following oral surgery. Pain response to oral surgical procedures varies with each individual and with the procedure accomplished. **If pain medication has been recommended, please follow the given instructions.**
- BLEEDING** A certain amount of bleeding is normal and can be expected for at least 24 hours. To control bleeding, bite firmly (for one hour) on the gauze that the dentist placed in your mouth. After one hour, remove the gauze and if bleeding is found to be excessive, place a moist gauze pad doubled over twice directly over the surgical site and bite firmly. Hold this pressure for at least one hour; repeat as necessary (2-3 hours should be sufficient).
- SWELLING** Swelling after surgery is normal. You can minimize swelling by applying a cold pack or ice bag wrapped in a towel and applied firmly to the face or cheek area adjacent to the surgical site. This should be applied 15 minutes on, and 15 minutes off during the first 12-24 hours after surgery. Peak swelling will usually occur within 2-3 days after surgery and will usually resolve about 7 days after surgery.
- INFECTION** Infection can occur with any surgical procedure in the body. If you experience unusual or increased swelling, pain, fever, drainage from the surgical site, or feel unusually ill, please seek medical care immediately. Untreated infections can be hazardous to your health.
- RINSING** Do not rinse mouth today. Tomorrow, rinse mouth gently every 4 hours (especially after meals) using one-half (1/2) teaspoon salt in eight (8) ounces of lukewarm water. Continue this for 4-6 days.
- EATING** Drink plenty of liquids and eat only soft foods for the first 24 hours following surgery. The first day avoid anything extremely hot or with carbonation (soda drinks).
- ORAL HYGIENE** A clean mouth heals faster. Beginning the day after your surgery, using a soft toothbrush, brush teeth normally, carefully avoiding the surgical area. **Do not spit water and/or toothpaste forcefully.**
- BONY EDGES** During the healing process, you **may** notice small pieces of bone working through the gingival (gum) tissue. In rare instances they may have to be removed by the dentist.
- SUTURES** **If you are given an appointment time to have sutures (stitches) removed, please do not neglect that appointment. Sutures left in place too long may lead to infections and complications.**



Dental Clinic Screening Form

Patient's Name: _____

Referred to Clinic: DA Rad Lab DH I II III IV

Student Screener: _____

Date of Screening: _____

Directions:

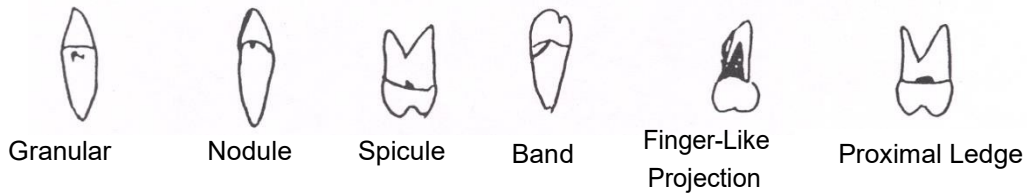
1. Conduct a medical/dental history review and obtain patient vital signs.
2. Obtain instructor's or dentist's initials on medical/dental history form.
3. Perform a cursory screening for obvious lesions and pathologies.
4. Categorize the patient:
 - A. **Calculus Deposits Skill Level**
 - B. **Periodontal Skill Level**
 - C. **Count # of Teeth Present**
5. Obtain instructor verification on assessment and indicate Treatment Considerations
6. Obtain prescriptive exam for radiographs from the dentist.
7. Patient referred to appropriate clinic/lab (screener does not keep patient)

Debridement Skill Levels (Not AAP Classification)

Developed by Jill S. Nield-Gehrig, RDH, MA

Author: *Fundamentals of Periodontal Instrumentation & Advanced Root Instrumentation*

CALCULUS FORMATION REFERENCE GUIDE



A. Calculus Deposit Skill Level: Visual (use air) and explore proximal surfaces only for estimate. Circle the calculus deposit skill level.

Classification		Description
Class 0	No/Slight Calculus	Requires little or no scaling
Class I	Simple	Supragingival calculus extending only slightly below the free gingival margin
Class II	Light/Moderate	Moderate amount of supragingival and subgingival calculus, or subgingival calculus only
Class III	Moderate	Abundance of supragingival and subgingival calculus, or subgingival calculus only
Class IV	Heavy	Generalized supragingival and subgingival ledges around cervical thirds of crowns and bands on most root surfaces

B. Periodontal Skill Level: Evaluate the condition of the gingiva, probe proximal surfaces only for estimate, or PSR, check all teeth for mobility. Circle the periodontal skill level.

Classification	CAL/Probing Depths (PD)	Mobility	Description
Class 0	<4 mm	None	Healthy gingiva and/or light bleeding
Class I	CAL = 1-2 mm PD = 1-5 mm	None/Slight	Localized (≤ 4 surfaces of 4-5 mm) gingival/perio pockets; may include bleeding.
Class II	CAL = 1-2 mm PD = 1-5 mm	None/Slight	Generalized (≥ 5 surfaces of 4-5 mm) gingival/perio pockets; may include bleeding.
Class III	CAL = 3-4 mm PD = 1-7 mm	Slight/Moderate	Generalized (3-9 surfaces of 6-7 mm) gingival/perio pocket; may include bleeding furcations, and/or suppuration.
Class IV	CAL = ≥ 5 mm PD = 1-10 mm	Moderate/Heavy	Generalized (≥ 10 surfaces of 6+ mm) gingival/perio pockets; may include bleeding, furcations, and/or suppuration

C. Teeth Present: Count and record the molars, premolars or anterior teeth present in each sextant. Count all teeth present, primary or permanent dentitions (do not indicate primary and permanent as separate count tallies).

Premolar _____ Molars _____	Anteriors _____	Premolars _____ Molars _____
Premolar _____ Molars _____	Anteriors _____	Premolars _____ Molars _____

5. Treatment Considerations: Indicate treatment needed by placing X before each consideration:

- _____ Immediate referral to a physician for a medical concern
- _____ Immediate referral to an oral surgeon for a suspicious lesion
- _____ Immediate referral to general dentist
- _____ Possible Radiology Lab patient
- _____ Possible state clinical boards patient
- _____ Sealants #
- _____ Other obvious needs:

6. Radiographs (Circle series prescribed): FMX Pano BWX PA(s) _____

Student's Signature

Instructor's or Dentist's Signature

Patient Compliance Agreement (by Cindy Biron Leiseca)

I have been informed of the findings from this screening appointment and the approximate cost of treatment here at Gulf Coast State College Dental Clinic. I understand that since this is a teaching institute I will be assigned to a student whose level of education requires the learning experience my dental condition provides. I am aware that the student who will be treating me expects me to arrive on time for my appointments and that being late or missing any appointments could result in discontinuation of my treatment since the student must have a patient in every clinic session in order to receive a passing grade for the clinical course. I understand that each appointment will be up to three hours long and that multiple appointments may be required to complete my treatment. My signature indicates my commitment to the student's learning experience and my intent to attend all appointments or call at least 48 hours in advance to cancel my appointment so that the student can find a patient to replace me.

Patient's Signature



Dental Clinic Patient Evaluation

Patient Name _____
 Dental Student Name _____
 Date(s): _____

Soft Tissue Examination

Extraoral

- _____ Face
- _____ Lips
- _____ Head
- _____ T.M.J.
- _____ Neck
- _____ Lymph Node Involvement

Intraoral

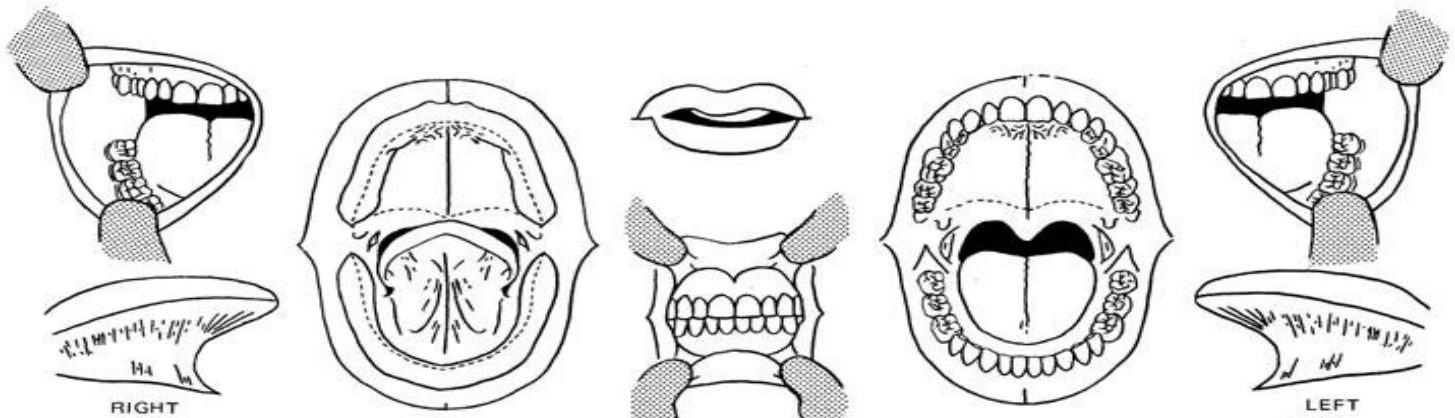
- _____ Lips
- _____ Labial Mucosa
- _____ Buccal Mucosa
- _____ Alveolar Mucosa
- _____ Gingiva (lingual)
- _____ Gingiva (facial)

- _____ Floor of Mouth (sublingual)
- _____ Hard Palate
- _____ Soft Palate
- _____ Pharyngeal Wall
- _____ Tongue

Comments/Descriptions:

Abnormal Pathology Illustrations:

Digital Images (Eaglesoft) Yes No



Examination for Oral Habits

- | | | |
|---------------------|--------------------------------|---------------------------|
| _____ Bruxism | _____ Digital Sucking | _____ Self-Induced Trauma |
| _____ Tongue Thrust | _____ Mouth Breathing | _____ Foreign Object |
| _____ Tobacco Use | _____ Chronic Cheek/Lip Biting | _____ Other _____ |

Comments/Descriptions:

Patient's Name _____ Dental Student Name _____ Date _____

Gingiva Examination

Appearance of Gingival Tissues

- a. color _____
- b. size _____ (flat, enlarged)
- c. contour _____
(knife-edged, rounded, blunted, receded, bulbous, rolled, cleft, festoon)

- d. texture _____
(smooth, shiny, stippled, fibrotic)
- e. consistency _____
(spongy, soft, firm)

Distribution of Inflammation

- a. localized _____
- b. generalized _____
- c. marginal _____
- d. papillary _____
- e. diffuse _____

Occlusion

- | | | | |
|-----------------------|-------|----------------------------|-------|
| <u>Classification</u> | _____ | Overjet (mm) | _____ |
| _____ Rt. Cuspid | _____ | Overbite (N,M,S) | _____ |
| _____ Rt. Molar | _____ | Openbite (mm) | _____ |
| _____ Lft. Cuspid | _____ | Crossbite (R/L- tooth #'s) | _____ |
| _____ Lft. Molar | _____ | End to End (tooth #'s) | _____ |
| | _____ | Midline Deviation | _____ |

Additional Findings

- | | |
|-------------------------|-------------------------|
| _____ Abrasion | _____ # Primary Teeth |
| _____ Attrition | _____ # Permanent Teeth |
| _____ Erosion | _____ Total # of Teeth |
| _____ Decalcification | |
| _____ Hypocalcification | |

Calculus Detection: total the number of surfaces with calculus present per quadrant
*4 surfaces per tooth (Mesial, distal, buccal, lingual)

	Quadrant 1	Quadrant 2	Quadrant 3	Quadrant 4
Supragingival Calculus				
Subgingival Calculus				

Type/Severity of Stain _____ Calculus Deposit Class _____ Perio Skill Class _____



Oral Debris Index – Simplified

Date	#3-B			#8-F			#14-B			#19-L			#24-F			#30-L			Total Plaque Index Score
	D	S	M	D	S	M	M	S	D	D	S	M	D	S	M	M	S	D	

Debris Index - Simplified

- Good 0.1-0.6
- Fair 0.7-1.8
- Poor 1.9-3.0

Revised 5.16.23



Patient's Name _____ Dental Student Name _____ Date _____

**Dental Hygiene Treatment Care Plan
(Following Initial Assessments)**

DENTAL HYGIENE DIAGNOSIS				
Health Status	Dental Health Status	Caries Risk Assessment	Perio Risk Assessment	AAP Classification & Status
<input type="checkbox"/> ASA _____ <input type="checkbox"/> Special Needs <input type="checkbox"/> Medical <input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Social <input type="checkbox"/> Medical Referral(s) <input type="checkbox"/> Tobacco Use	<input type="checkbox"/> CC _____ <input type="checkbox"/> Pain <input type="checkbox"/> Dental Referral(s) <input type="checkbox"/> No established dental home <input type="checkbox"/> Hard Deposit/Calculus Presence <input type="checkbox"/> None/Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Soft Deposit/Biofilm Presence <input type="checkbox"/> None/Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Stain <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extreme	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Health <input type="checkbox"/> Gingivitis <input type="checkbox"/> Localized <input type="checkbox"/> Generalized <input type="checkbox"/> Periodontitis <input type="checkbox"/> Stage _____ <input type="checkbox"/> Grade _____ <input type="checkbox"/> Localized <input type="checkbox"/> Generalized <input type="checkbox"/> Molar/Incisor <input type="checkbox"/> Acute Perio Lesion (Abscess NUG/NUP): <input type="checkbox"/> Peri-Implant Disease: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Active <input type="checkbox"/> Stable

PREVIOUS TREATMENT NEEDS MET/NOT MET:

PATIENT CENTERED GOALS <i>(Preventative, therapeutic, cognitive, psychomotor, or affective)</i>	Evaluation Method <i>(interview, demonstration, OHI-S perio charting etc.)</i>	Time Frame

PRIORITIZED PATIENT EDUCATION		
Biofilm Removal	Carious Lesion(s)	REFERRALS (circle)
Brush	Fluoride Rx	<i>Endodontics</i>
Floss	Third Molars	<i>Oral/Maxillofacial Surgery</i>
Auxiliary Aids ()	Removable Appliances	<i>Oral Pathology</i>
Oral Rinses ()	Fixed Appliances	<i>Orofacial/TMJ Pain</i>
Abrasion / Erosion / Abfraction	Malpositioned Teeth	<i>Orthodontics</i>
Oral Habits ()	Orthodontic Appliances	<i>Pedodontics</i>
Calculus	Nutrition ()	<i>Periodontics</i>
Gingivitis	Other ()	<i>Prosthodontics</i>
Periodontal Disease		<i>Restorative</i>

Radiographic Exposures Completed/Interpreted:

- Pano FMX BWX Occlusal CBCT

Recommended Dental Hygiene Treatment:

Initial Appt. 1	Subsequent Appt. 2	Subsequent Appt. 3	Subsequent Appt. 4	Subsequent Appt. 5
<input type="checkbox"/> Images <input type="checkbox"/> Radiographic <input type="checkbox"/> Intraoral Camera	<input type="checkbox"/> Images <input type="checkbox"/> Radiographic <input type="checkbox"/> Intraoral Camera	<input type="checkbox"/> Images <input type="checkbox"/> Radiographic <input type="checkbox"/> Intraoral Camera	<input type="checkbox"/> Images <input type="checkbox"/> Radiographic <input type="checkbox"/> Intraoral Camera	<input type="checkbox"/> Images <input type="checkbox"/> Radiographic <input type="checkbox"/> Intraoral Camera
<input type="checkbox"/> Injectable Anesthesia <input type="checkbox"/> Non-injectable anesthesia	<input type="checkbox"/> Injectable Anesthesia <input type="checkbox"/> Non-injectable anesthesia	<input type="checkbox"/> Injectable Anesthesia <input type="checkbox"/> Non-injectable anesthesia	<input type="checkbox"/> Injectable Anesthesia <input type="checkbox"/> Non-injectable anesthesia	<input type="checkbox"/> Injectable Anesthesia <input type="checkbox"/> Non-injectable anesthesia
<input type="checkbox"/> Mechanical Debridement <input type="checkbox"/> Prophylaxis <input type="checkbox"/> Periodontal Maintenance <input type="checkbox"/> Scaling in the Presence of inflammation <input type="checkbox"/> NSPT ≥4 teeth pre quad Quad(s) 1 2 3 4 <input type="checkbox"/> NSPT 1-3 teeth pre quad Quad(s) 1 2 3 4	<input type="checkbox"/> Mechanical Debridement <input type="checkbox"/> Prophylaxis <input type="checkbox"/> Periodontal Maintenance <input type="checkbox"/> Scaling in the Presence of inflammation <input type="checkbox"/> NSPT ≥4 teeth pre quad Quad(s) 1 2 3 4 <input type="checkbox"/> NSPT 1-3 teeth pre quad Quad(s) 1 2 3 4	<input type="checkbox"/> Mechanical Debridement <input type="checkbox"/> Prophylaxis <input type="checkbox"/> Periodontal Maintenance <input type="checkbox"/> Scaling in the Presence of inflammation <input type="checkbox"/> NSPT ≥4 teeth pre quad Quad(s) 1 2 3 4 <input type="checkbox"/> NSPT 1-3 teeth pre quad Quad(s) 1 2 3 4	<input type="checkbox"/> Mechanical Debridement <input type="checkbox"/> Prophylaxis <input type="checkbox"/> Periodontal Maintenance <input type="checkbox"/> Scaling in the Presence of inflammation <input type="checkbox"/> NSPT ≥4 teeth pre quad Quad(s) 1 2 3 4 <input type="checkbox"/> NSPT 1-3 teeth pre quad Quad(s) 1 2 3 4	<input type="checkbox"/> Mechanical Debridement <input type="checkbox"/> Prophylaxis <input type="checkbox"/> Periodontal Maintenance <input type="checkbox"/> Scaling in the Presence of inflammation <input type="checkbox"/> NSPT ≥4 teeth pre quad Quad(s) 1 2 3 4 <input type="checkbox"/> NSPT 1-3 teeth pre quad Quad(s) 1 2 3 4
<input type="checkbox"/> Power Scaling	<input type="checkbox"/> Power Scaling	<input type="checkbox"/> Power Scaling	<input type="checkbox"/> Power Scaling	<input type="checkbox"/> Power Scaling
<input type="checkbox"/> Sealants	<input type="checkbox"/> Sealants	<input type="checkbox"/> Sealants	<input type="checkbox"/> Sealants	<input type="checkbox"/> Sealants
<input type="checkbox"/> Desensitization	Desensitization	Desensitization	Desensitization	Desensitization
<input type="checkbox"/> Polishing <input type="checkbox"/> Prophy Cup <input type="checkbox"/> Air Abrasive	<input type="checkbox"/> Polishing <input type="checkbox"/> Prophy Cup <input type="checkbox"/> Air Abrasive	<input type="checkbox"/> Polishing <input type="checkbox"/> Prophy Cup <input type="checkbox"/> Air Abrasive	<input type="checkbox"/> Polishing <input type="checkbox"/> Prophy Cup <input type="checkbox"/> Air Abrasive	<input type="checkbox"/> Polishing <input type="checkbox"/> Prophy Cup <input type="checkbox"/> Air Abrasive
<input type="checkbox"/> Fluoride Treatment	<input type="checkbox"/> Fluoride Treatment	<input type="checkbox"/> Fluoride Treatment	<input type="checkbox"/> Fluoride Treatment	<input type="checkbox"/> Fluoride Treatment
<input type="checkbox"/> Patient Education	<input type="checkbox"/> Patient Education	<input type="checkbox"/> Patient Education	<input type="checkbox"/> Patient Education	<input type="checkbox"/> Patient Education
<input type="checkbox"/> Nutritional Counseling	<input type="checkbox"/> Nutritional Counseling	<input type="checkbox"/> Nutritional Counseling	<input type="checkbox"/> Nutritional Counseling	<input type="checkbox"/> Nutritional Counseling
<input type="checkbox"/> Tobacco Cessation	<input type="checkbox"/> Tobacco Cessation	<input type="checkbox"/> Tobacco Cessation	<input type="checkbox"/> Tobacco Cessation	<input type="checkbox"/> Tobacco Cessation
<input type="checkbox"/> Denture/RPD Care	<input type="checkbox"/> Denture/RPD Care	<input type="checkbox"/> Denture/RPD Care	<input type="checkbox"/> Denture/RPD Care	<input type="checkbox"/> Denture/RPD Care
<input type="checkbox"/> Finish/Polish restoration(s)	<input type="checkbox"/> Finish/Polish restoration(s)	<input type="checkbox"/> Finish/Polish restoration(s)	<input type="checkbox"/> Finish/Polish restoration(s)	<input type="checkbox"/> Finish/Polish restoration(s)
<input type="checkbox"/> Placement of Local Controlled Release-Antimicrobial (Arestin)	<input type="checkbox"/> Placement of Local Controlled Release-Antimicrobial (Arestin)	<input type="checkbox"/> Placement of Local Controlled Release-Antimicrobial (Arestin)	<input type="checkbox"/> Placement of Local Controlled Release-Antimicrobial (Arestin)	<input type="checkbox"/> Placement of Local Controlled Release-Antimicrobial (Arestin)
<input type="checkbox"/> STE Re-evaluation	<input type="checkbox"/> STE Re-evaluation	<input type="checkbox"/> STE Re-evaluation	<input type="checkbox"/> STE Re-evaluation	<input type="checkbox"/> STE Re-evaluation
<input type="checkbox"/> Re-Evaluation (_____)	<input type="checkbox"/> Ret-Evaluation (_____)	<input type="checkbox"/> Re-Evaluation (_____)	<input type="checkbox"/> Re-Evaluation (_____)	<input type="checkbox"/> Re-Evaluation (_____)
<input type="checkbox"/> Recall Interval (_____)	<input type="checkbox"/> Recall Interval (_____)	<input type="checkbox"/> Recall Interval (_____)	<input type="checkbox"/> Recall Interval (_____)	<input type="checkbox"/> Recall Interval (_____)

Number of Appointments _____

Faculty Approval: _____

I, _____ understand the treatment plan as recommended by the Gulf Coast State College Dental Program and consent to such treatment as will be administered by the Dental Hygiene Student.

Student Signature _____ Date _____

Patient Signature _____ Date _____

Re-Evaluation Findings (if performed)	
<input type="checkbox"/> Retreat	<input type="checkbox"/> Refer
<input type="checkbox"/> Maintenance	
Description of re-treatment outcomes:	



Caries Risk Assessment Form (Age 0-6)

Patient Name:

Birth Date:

Date:

Age:

Student Initials:

		Low Risk	Moderate Risk	High Risk
Contributing Conditions		Check or Circle the conditions that apply		
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II.	Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>	Frequent or prolonged between meal exposures/day <input type="checkbox"/>	Bottle or sippy cup with anything other than water at bed time <input type="checkbox"/>
III.	Eligible for Government Programs (WIC, Head Start, Medicaid or SCHIP)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
IV.	Caries Experience of Mother, Caregiver and/or other Siblings	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
V.	Dental Home: established patient of record in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions		Check or Circle the conditions that apply		
I.	Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Clinical Conditions		Check or Circle the conditions that apply		
I.	Visual or Radiographically Evident Restorations/ Cavitated Carious Lesions	No new carious lesions or restorations in last 24 months <input type="checkbox"/>		Carious lesions or restorations in last 24 months <input type="checkbox"/>
II.	Non-cavitated (incipient) Carious Lesions	No new lesions in last 24 months <input type="checkbox"/>		New lesions in last 24 months <input type="checkbox"/>
III.	Teeth Missing Due to Caries	<input type="checkbox"/> No		<input type="checkbox"/> Yes
IV.	Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V.	Dental/Orthodontic Appliances Present (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI.	Salivary Flow	Visually adequate <input type="checkbox"/>		Visually inadequate <input type="checkbox"/>

Overall assessment of dental caries risk:

Low

Moderate

High

Instructions for Caregiver:

Caries Risk Assessment Form (Age 0-6)

Circle or check the boxes of the conditions that apply. Low Risk = only conditions in "Low Risk" column present; Moderate Risk = only conditions in "Low" and/or "Moderate Risk" columns present; High Risk = one or more conditions in the "High Risk" column present.

The clinical judgment of the dentist may justify a change of the patient's risk level (increased or decreased) based on review of this form and other pertinent information. For example, missing teeth may not be regarded as high risk for a follow up patient; or other risk factors not listed may be present.

The assessment cannot address every aspect of a patient's health, and should not be used as a replacement for the dentist's inquiry and judgment. Additional or more focused assessment may be appropriate for patients with specific health concerns. As with other forms, this assessment may be only a starting point for evaluating the patient's health status.

This is a tool provided for the use of ADA members. It is based on the opinion of experts who utilized the most up-to-date scientific information available. The ADA plans to periodically update this tool based on: 1) member feedback regarding its usefulness, and; 2) advances in science. ADA member-users are encouraged to share their opinions regarding this tool with the Council on Dental Practice.

Signatures

Patient, Parent or Guardian

Student

Faculty Advisor

Caries Risk Assessment Form (Age >6)

Patient Name:			
Birth Date:		Date:	
Age:		Student Initials:	
	Low Risk	Moderate Risk	High Risk
Contributing Conditions		Check or Circle the conditions that apply	
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
II.	Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>	Frequent or prolonged between meal exposures/day <input type="checkbox"/>
III.	Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 6-14)	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>
IV.	Dental Home: established patient of record, receiving regular dental care in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Health Conditions		Check or Circle the conditions that apply	
I.	Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No	Yes (over age 14) <input type="checkbox"/>
II.	Chemo/Radiation Therapy	<input type="checkbox"/> No	<input type="checkbox"/> Yes
III.	Eating Disorders	<input type="checkbox"/> No	<input type="checkbox"/> Yes
IV.	Medications that Reduce Salivary Flow	<input type="checkbox"/> No	<input type="checkbox"/> Yes
V.	Drug/Alcohol Abuse	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Clinical Conditions		Check or Circle the conditions that apply	
I.	Cavitated or Non-Cavitated (incipient) Cariou Lesions or Restorations (visually or radiographically evident)	No new carious lesions or restorations in last 36 months <input type="checkbox"/>	1 or 2 new carious lesions or restorations in last 36 months <input type="checkbox"/>
II.	Teeth Missing Due to Caries in past 36 months	<input type="checkbox"/> No	<input type="checkbox"/> Yes
III.	Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes
IV.	Unusual Tooth Morphology that compromises oral hygiene	<input type="checkbox"/> No	<input type="checkbox"/> Yes
V.	Interproximal Restorations - 1 or more	<input type="checkbox"/> No	<input type="checkbox"/> Yes
VI.	Exposed Root Surfaces Present	<input type="checkbox"/> No	<input type="checkbox"/> Yes
VII.	Restorations with Overhangs and/or Open Margins; Open Contacts with Food Impaction	<input type="checkbox"/> No	<input type="checkbox"/> Yes
VIII.	Dental/Orthodontic Appliances (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
IX.	Severe Dry Mouth (Xerostomia)	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Overall assessment of dental caries risk: Low Moderate High

Patient Instructions:

Caries Risk Assessment Form (Age >6)

Circle or check the boxes of the conditions that apply. Low Risk = only conditions in "Low Risk" column present; Moderate Risk = only conditions in "Low" and/or "Moderate Risk" columns present; High Risk = one or more conditions in the "High Risk" column present.

The clinical judgment of the dentist may justify a change of the patient's risk level (increased or decreased) based on review of this form and other pertinent information. For example, missing teeth may not be regarded as high risk for a follow up patient; or other risk factors not listed may be present.

The assessment cannot address every aspect of a patient's health, and should not be used as a replacement for the dentist's inquiry and judgment. Additional or more focused assessment may be appropriate for patients with specific health concerns. As with other forms, this assessment may be only a starting point for evaluating the patient's health status.

This is a tool provided for the use of ADA members. It is based on the opinion of experts who utilized the most up-to-date scientific information available. The ADA plans to periodically update this tool based on: 1) member feedback regarding its usefulness, and; 2) advances in science. ADA member-users are encouraged to share their opinions regarding this tool with the Council on Dental Practice.

Signatures

Patient, Parent or Guardian

Student

Faculty Advisor

PERIODONTAL RISK ASSESSMENT

Patient: _____

Date: _____

Enter points* in
this column

To be answered by the patient, parent or primary caregiver about the patient. (Select the response under the risk columns that best answers each question.)

Question and facts about gum disease/dental health	Low risk	Moderate risk	High risk	Points
<p>How old are you? As we age, the risk of gum disease may increase steadily.</p>	30 years or younger (0 point)	31–49 years (1 point)	50 years and above (3 points)	
<p>Do you smoke, vape or use any tobacco products? Studies show that using tobacco products may be a significant factor for gum disease.</p>	No (0 point)		Yes (6 points)	
<p>Do you have diabetes? There is a direct relationship between diabetes and gum disease. Individuals who have diabetes are at greater risk for infections, including gum disease.</p>	No (0 point)		Yes (3 points)	
<p>If yes, how is your diabetes controlled? The severity of your diabetes may increase the risk of gum disease. If your diabetes is controlled, it is easier to maintain healthy gums.</p>	N/A or diet controlled (0 point)	Oral medications (1 point)	Insulin (injections) (3 points)	
<p>Do you have a family history (parents or siblings) of diabetes? Diabetes has been shown to run in families. If someone in your family has diabetes, you may be at greater risk for diabetes and gum disease.</p>	No (0 point)		Yes (2 points)	
<p>Have you been diagnosed with, or do you have signs/symptoms of heart disease (high blood pressure, stroke)? Research shows an association between gum disease and the development of heart disease and stroke.</p>	No (0 point)		Yes (2 points)	
<p>Have you been diagnosed with osteoporosis? Studies suggest a connection between osteoporosis and the loss of bone in the jaw.</p>	No (0 point)		Yes (2 points)	
<p>Are you pregnant? Hormonal changes that occur during pregnancy may cause changes that affect the entire body including the gums, teeth and bones. Good oral health can help to ensure a full-term pregnancy and a healthy baby.</p>	N/A or no (0 point)		Yes (2 points)	
<p>Has a dentist or dental professional ever told you that you have gum disease or have you been treated for gum disease? People who have had gum disease are more likely to have a recurrence of the disease. Good oral hygiene at home and regular dental visits to your dentist or dental professional can help avoid recurrence.</p>	No (0 point)		Yes (3 points)	
<p>Do you have a family history (parents or siblings) of gum disease? According to the American Academy of Periodontology, up to 30% of the population may be genetically susceptible to gum disease. Individuals with a family history of gum disease may be up to six times more likely to develop gum disease.²</p>	No (0 point)		Yes (2 points)	
<p>Do your gums bleed? Bleeding gums are a sign that you may have periodontal problems. Healthy gums usually do not bleed.</p>	No (0 point)		Yes (3 points)	
<p>Are your gums receding or making the appearance of your teeth longer? Although receding gums may occur in a healthy mouth, they may be a sign of gum disease.</p>	No (0 point)		Yes (2 points)	
<p>Have you noticed that your teeth are loose or that your bite has changed? As gum disease progresses, teeth may loosen due to loss of the supporting bone that holds them in place.</p>	No (0 point)		Yes (2 points)	
Page 1 point subtotal				

continued on back

Enter points* in this column



Question and facts about gum disease/dental health	Low risk	Moderate risk	High risk	Points
Have you had a tooth or teeth (other than your wisdom teeth) removed due to gum disease? If gum disease is not treated or allowed to progress, it will result in the loss of teeth.	No (0 point)		Yes (3 points)	
How long has it been since you've had a tooth removed due to gum disease? The more recent your loss of a tooth due to gum disease, the greater your risk of losing more teeth from the disease.	More than 24 months or never (0 point)	12–24 months (1 point)	Less than 12 months (2 points)	
Do you frequently have bad breath? Bad breath is often a sign that gum disease is present.	No (0 point)		Yes (2 points)	
How often do you visit your dentist? Regular dental visits allow the dentist to help identify and/or treat gum disease at an earlier stage.	At least 2 times a year (-1 point)	Once a year (1 point)	Less than once a year (2 points)	
How often do you brush your teeth each day? Frequent tooth brushing is an important part of protecting your teeth and gums. It is generally recommended that you spend two minutes brushing at least two times a day.	2–3 times (-1 point)	1 time (1 point)	Less than 1 time (2 points)	
How often do you floss between your teeth? Use of dental floss or other types of cleaners between your teeth helps to prevent gum disease. It is recommended that you floss at least once a day.	Everyday (-2 points)	3–4 times per week (1 point)	Less than 3 times per week (2 points)	
How often do you use an antimicrobial mouth rinse (Examples – Listerine®, Crest® Pro-Health™ Rinse, Peridex™)? Using an antimicrobial mouth rinse on a daily basis may help to reduce the bacteria that cause gum disease.	5–7 times per week (-1 point)		Less than 5 times per week (0 point)	
1. Source: www.perio.org/consumer/disease_facts.htm 2. Source: http://www.perio.org/consumer/faq_general.htm	Total Points			

Risk assessment instructions:

For each question, write the numeric “points” associated with your response in the “points” box. Total the points (adding the positive values and subtracting the negative values) to determine your total points/risk value.

Based upon your points, your risk for gum disease is as follows (circle):

Low risk = 6 and below

Moderate risk = 7 to 11

High risk = 12 or greater

Signatures

Patient: _____

Student: _____

Faculty: _____



Jane Smith was evaluated in the Gulf Coast State College Dental Clinic on **8-3-18**. During the

examination, observations were made which indicate the need for treatment and/or referral as indicated below. **Please evaluate this patient for the conditions specified below in the referral box.** Radiographs that may have been taken were prescribed and evaluated by the GCSC Dental Program Dentist. Duplicates of any radiographs taken may be requested in writing to the above address. Thank you.

<p>REFERRAL: It is our recommendation that you follow up with a Specialist in the private sector for evaluation/further treatment for the following:</p> <p>Oral Surgery for Ext. 1, 16, 17, & 32.</p> <p>Endo: #27</p> <p>Approval _____ Completed _____</p>	<p>APPOINTMENT 3 # 6- MF comp #7- F(V) comp</p> <p>Approval _____ Completed _____</p>	<p>UR (1)</p>	<p>1. EXT _____ 2. _____ 3. MOD caries _____ 4. _____ 5. _____ 6. MF caries _____ 7. F (V) caries _____ 8. _____</p>
<p>Approval _____ Completed _____</p>	<p>APPOINTMENT 4 #14- DO amalgam #15- L(V) amalgam</p> <p>Approval _____ Completed _____</p>	<p>UL (2)</p>	<p>9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. DO caries _____ 15. L(V) caries _____ 16. EXT _____</p>
<p>APPOINTMENT 1 #3-MOD composite</p> <p>Approval _____ Completed _____</p>	<p>APPOINTMENT 5 #30-O Composite #31-O Composite</p> <p>Approval _____ Completed _____</p>	<p>LI(3)</p>	<p>17. EXT _____ 18. _____ 19. _____ 20. _____ 21. _____ 22. _____ 23. _____ 24. _____</p>
<p>APPOINTMENT 2 # 6- MF comp #7- F(V) comp</p> <p>Approval _____ Completed _____</p>	<p>APPOINTMENT 6</p> <p>Approval _____ Completed _____</p>	<p>LR(4)</p>	<p>25. _____ 26. _____ 27. RCT _____ 28. _____ 29. _____ 30. O caries _____ 31. O caries _____ 32. EXT _____</p>

_____	_____
Patient	Date
_____	_____
GCSC Dental Student	Date
_____	_____
GCSC Dental Clinic Dentist	Date

An estimated fee for each proposed service can be provided to you if requested.

Payment is due at time service is rendered.

White copy: Patient
Yellow copy: Chart

_____ was evaluated in the Gulf Coast State College Dental Clinic on _____. During the examination, observations were made which indicate the need for treatment and/or referral as indicated below. **Please evaluate this patient for the conditions specified below in the referral column.** Radiographs that may have been taken were prescribed and evaluated by the GCSC Dental Program Dentist. Duplicates of any radiographs taken may be requested in writing to the above address. Thank you.

<p>REFERRAL: It is our _____ that you follow _____</p> <p>The student (w/guidance from faculty or Dentist) will list items in this referral box that cannot be performed in the GCSC Dental Clinic.</p>	<p>APPOINTMENT 3</p> <p>Approval _____ Completed _____</p>	<p>UR (1)</p> <p>1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____</p>
<p>Approval _____ Completed _____</p>	<p>APPOINTMENT 4</p> <p>Approval _____ Completed _____</p>	<p>The student (w/guidance from faculty or Dentist) will complete this section. He/she will identify the treatment recommendation for each tooth. (i.e. #3 - DOBL Amal., #4 - O Resin, #14 - MO, Sealant)</p>
<p>APPOINTMENT 1</p> <p>In the Appointment boxes 1-6, the student (w/guidance from faculty or Dentist) will outline the operative treatment that is to be scheduled in the GCSC Operative Clinic (as outlined in the far column).</p>	<p>APPOINTMENT 5</p> <p>Approval _____ Completed _____</p>	<p>LL(3)</p> <p>17. _____ 18. _____ 19. _____ 20. _____ 21. _____ 22. <input type="radio"/></p>
<p>APPOINTMENT 2</p> <p>Guidelines:</p> <ul style="list-style-type: none"> Operative appointment blocks should be treatment planned by <u>sextants</u> and priority of need (i.e. pain, large lesions, etc.). No more than two 1-2 surface restorations should be scheduled in one appointment Only a single three (3) or more surface restoration should be scheduled in one appointment. <p>Dentist should re-evaluate the tx. plan and provide additional services as time allows.</p>	<p>APPOINTMENT 6</p> <p>Approval _____ Completed _____</p>	<p>LR(4)</p> <p>23. _____ 24. _____ 25. _____ 26. <input type="radio"/></p>

Patient Date

GCSC Dental Student Date

GCCC Dental Clinical Dentist Date

estimated fee for ea provided to you if re

Payment is due at ti



COMMON EAGLESOFT TEMPLATE GUIDES – What to Include.....

Dental Hygiene – Prophylaxis

APPT TYPE/DATE/SESSION: Initial Appt/Recall Appt/Subsequent Appt/ Post Eval Appt./PreClinic & date (AM/PM Session)

ASSIGNED INSTRUCTOR: indicate assigned clinical instructor

LAST DENTAL EXAM: type, DMD/DDS name and completed date “mm/dd/yyyy”

M/DHx: Significant findings that may alter regular dental treatment (premed. conditions, regulation of blood pressure, etc.). **ASA =** Enter classification **Premed=** (med/dose/time taken) include information that is in parentheses, delete if not necessary

VITAL SIGNS: BP= (); P= bpm (); R= , T= (oral/temporal) Enter information in provided spaces

CC: Chief Complaint (dental problem/concern). If no chief complaint, write patient has no chief complaint and is here for a dental prophylaxis.

STE: Any abnormal findings; especially those requiring follow up

PERIO RISK: Low, Moderate, High, Extreme risk

PERIO SKILL LEVEL: 0-IV **AAP CLASS:** indicate type with name if applicable (localized/generalized, stage, grade)

CALC CLASS: 0-IV

CARIES RISK: Low moderate , high or extreme **OHI-S:** number (poor, fair, good)

HTE: occlusion, caries, attrition, decalcification, treatment planned restorative

IOC: images taken, if none delete

RAD: x-ray series with retakes and/or additional images. If none delete.

TX RENDERED: EO/IO exam, perio charting, OHI-S, x-rays, manual mechanized scaling, polishing (with prophy cup/air abrasive for light, moderate, heavy stain, application of any therapeutic agent w/ POI.

PAIN MANAGEMENT: (delete line if not needed) document topical and/or injectable local anesthetic. Include the total amount, anesthetic agent, epi, specific injections, adverse reactions and the name of the faculty who evaluated the procedure.

TX REMARKS: place relevant notes about treatment/patient not covered in other areas ex: patient cannot recline fully in the dental chair, patient gags during radiographic procedures.

PT ED: Summarize pt. ed. session and follow up for next visit. Did the behavior improve; was the pt. receptive to the education; etc.

REFERRAL: Note that referral was or was not given to the patient (Provide referral sheet to patient and keep copy in the chart)

NEXT APPT/RECALL INTERVAL: (delete the option not being used) scheduled date patient is Returning To Clinic and treatment planned for next visit OR recall interval

STUDENT SIGNATURE: Student Signature, DH I or II

FACULTY SIGNATURE: Faculty Signature, RDH or DMD

Screening

M/DHx: Significant findings that may alter regular dental treatment (premed. conditions, regulation of blood pressure, etc.). **ASA = enter classification** **Premed =**

(med/dose/time taken) include information that is in parentheses, delete if not necessary

Vital Signs: BP= (); P= bpm(); R= , T= (oral/temporal) Enter information in provided spaces

CC: Chief Complaint (dental problem/concern). If no chief complaints, write "no chief complaint" and indicate why the patient has come in for a screening.

Soft tissue screening: include any obvious general concerns

Hard tissue screening: include any obvious general concerns **# of teeth:** indicate # of teeth

Calc Class Estimate: enter estimate

Perio Skill Estimate: enter estimate

Rad: note the type of radiographs prescribed and the prescribing dentist

Tx Remarks: indicate relevant notes about treatment and/or discussions not covered in other areas. Example: Appointment expectations, fees, scheduling, scope of GCSC clinic

Referral/Assigned clinic: indicate the clinic the patient will be assigned to first such as Radiology Lab, Dental Hygiene Clinic I, Dental Hygiene Clinic IV, or Dental Assisting

Student Sign: Student Signature, DH I or II

Faculty Sign: Faculty Signature, RDH or DMD

Amalgam Restoration

M/DHx: Significant findings that may alter regular dental treatment (premed. conditions, regulation of blood pressure, etc.). **ASA = Enter classification** **Premed= (med/dose/time taken)**

include information that is in parentheses

Vital Signs: BP= (); P bpm(); R= , T= (oral/temporal) Enter information in provided spaces

CC: Chief Complaint (why the patient has come to the clinic)

STE: Soft tissue exam findings (if applicable)

HTE: Hard Tissue Exam findings (if applicable)

Topical Anesthesia: Provide type and flavor used; include site of placement

Local Anesthetic: Provide the type, Epi ratio, # of carpules (volume of anesthetic) that was delivered. Note the type of injection given (i.e. infiltration, PSA, IO, MSA, etc.), and who administered injection. Note any complications, or specify "No Complications."

Prepped tooth #/surface(s): include the tooth number(s) with a dash and then the surfaces (i.e. #19-DOBL)

Vitrebond, Zarosen, Megalloy amalgam (add or delete any materials that were/were not used in procedure)

Occlusion/Contacts adjusted.

Standard post-amalgam restoration instructions provided to patient.

RTC: Date patient is Returning To Clinic or Recommended Recall

Student Sign: Student Signature, DA I or II

Faculty Sign: Faculty Signature, CDA or DMD

Composite Restoration

M/DHx: Significant findings that may alter regular dental treatment (premed. conditions, regulation of blood pressure, etc.). **ASA** = Enter classification **Premed**= (med/dose/time taken) Include information that is in parentheses

Vital Signs: BP= (), P= bpm(), R= , T= (oral/temporal) Enter information in provided spaces

CC: Chief Complaint (why the patient has come to the clinic)

STE: Soft tissue exam findings (if applicable)

HTE: Hard Tissue Exam findings (if applicable)

Topical Anesthesia: Provide type and flavor used; include site of placement

Local Anesthetic: Provide the type, Epi ratio, # of carpules (volume of anesthetic) that was delivered. Note the type of injection given (i.e. infiltration, PSA, IO, MSA, etc.), and who administered injection. Note any complications, or specify "No Complications."

Prepped tooth #/surface(s): Include the tooth number(s) with a dash and then the surfaces (i.e. #19-DOBL)

Vitrebond, Etch, Prime & Bond, TPH composite A-3.5 composite (include brand/type: i.e. TPH, flowable w/Fl or standard)

Shade: A 3.5

Occlusion/Contacts adjusted.

Polished: Include materials used for polishing, i.e.: finishing bur, finishing strip, Enhance polishing cups w/ Prisma gloss, etc.

Standard post composite restoration instructions provided to patient.

RTC: Date patient is **R**eturning **T**o **C**linic or **R**ecommended **R**ecall

Student Sign: Student Signature, DA I or II

Faculty Sign: Faculty Signature, CDA or DMD

EXAMPLES OF EAGLESOFT ENTRIES

Dental Hygiene– Prophylaxis

APPT TYPE/DATE/SESSION: Initial Appt. on 5/5/2020 A.M. Session

ASSIGNED INSTRUCTOR: Stewart

GCSC LAST DENTAL EXAM: Comprehensive exam performed by Dr. Lane on 01/22/2020

M/DHx: Reviewed M/DHx with pt.; obtained COVID-19 questionnaire. Pt reports allergy to Demerol, Penicillin (reaction includes rash/itching when taken) **ASA** = Class II

VITAL SIGNS: BP= 128/80 (RAS); P= 60 bpm (RAS); R= 18/min , T= 98.0 F (oral)

CC: bleeding gums after flossing

STE: 2x2mm flat irregular pigmented lesion located on the midline of the lower lip; 1x2 fluid-filled raised lesion located on floor to the left of the Wharton duct.

PERIO RISK: Moderate

PERIO SKILL LEVEL: II **AAP CLASS:** 2.2.2 Localized Periodontitis, Stage II, Grade B

CALC CLASS: III

CARIES RISK: High **OHI-S:** 2.5 (Poor)

HTE: Class II occlusion, Per Dr. Lane the following restorations are proposed: #3-DO, #8-

MLF, #30-B class V

IOC: lesion on the lower lip, lesion on the floor of the mouth, #30 carious lesion

RAD: 18 image FMX with 2 retakes. No additional images.

TX RENDERED: EO/IO exam, perio charting, OHI-S, x-rays, manual & mechanized scaling quads 1 & 4. Patient tolerated procedures well.

PAIN MANAGEMENT: due to discomfort during scaling in quad 4, topical and injectable anesthetic was administered. Applied 20% Benzocaine (mint flavor) to Rt IA and LB injection sites. Administered 1.7 ml of 2% Lidocaine 1:100,000 epi to Rt IA & LB with no complications. Faculty evaluation by Mrs. Stewart.

TX REMARKS: Patient cannot fully recline in the dental chair and needs assistance standing up.

PT ED: recommended/demonstrated use of a soft TB using the modified bass technique, daily C-shaped flossing, tongue cleaning, and rinsing w/antimicrobial mouth rinse Listerine Antiseptic. Advised proper regular flossing following the dental prophylaxis will reduce bleeding gums.

REFERRAL: Oral Surgeon referral given for the evaluation of lip & floor of the mouth lesions. General dentist referral given for restorative treatment.

NEXT APPT: re-evaluate lesions, manual & mechanize scale quads 1 & 3, selective polish with prophy cup and fine prophy paste for light stain, apply 5% NaFL and provide patient with POI for FL application.

STUDENT SIGNATURE: I Can Do It, DH II

FACULTY SIGNATURE: Yes You can, RDH

Screening

M/DHx: Reviewed M/DHx with pt.; pt reported she was recently diagnosed with Rheumatoid Arthritis and is taking Enbrel. **ASA** = II

Vital Signs: **BP**= 118/76 (RAS); **P**= 80 bpm (RAS); **R**= 14 , **T**= 98 (temporal)

CC: Pt had no chief complaint; pt stated she lost her dental insurance and wanted to get her teeth cleaned and evaluated.

Soft tissue screening: aphthous ulcer like lesion located on the lower lip opposite #24. Patient states she "accidentally bit her lip a few days ago."

Hard tissue screening: generalized attrition and posterior decalcification **# of teeth:** 28

Calc Class Estimate: 2

Perio Skill Estimate: 2

Rad: FMX prescribed by Dr. Lane

Tx Remarks: Patient is very compliant, has a flexible schedule and is interested in getting an appt. as soon as possible. Discussed the scheduling process and appointment expectations (multiple & longer appts.).

Referral/Assigned clinic: Dental Hygiene Clinic I

Faculty Sign: Miranda Stewart, CRDH

Amalgam Restoration

MHx: Rev. NC reported by patient ASA= II

Vital Signs: BP = 138/72(RAS), P= 64 bpm(RAS), R= 18 , T= 96.7 (oral)

CC: patient reports #19 fractured while eating ice. Sensitive to cold, negative to hot and pressure.

Topical Anesthesia: 20% Benzocaine, Strawberry topical applied for # 19

Local Anesthetic used: 1 carpule (1.7 ml) 4% Septocaine, 1:200,000, (IA) administered by Dr. Zahnartz; no complications

Prepped tooth #/surface(s): #19-DOBL

Vitrebond, light cure; Zarosen, Tytin amalgam

Occlusion/Contacts adjusted.

Standard post-amalgam restoration instructions provided to patient by Dr. Zahnartz.

RTC: #15-MOD

Student Sign: Student Signature, DA I or II

Faculty Sign: Faculty Signature, CDA or DMD/DDS

Composite Restoration:

MHx: Rev. Pt. reports changes in HBP medication. Changes updated in patients chart.

ASA= II Premed. = Patient confirmed pre-med of Amoxicillin 500 mg. taken at 12:00 p.m.

Vital Signs: BP = 142/90(RAS), P= 62 bpm (RAS), R= 20 , T= 98.6 (oral)

STE: not performed

HTE: not performed

Topical Anesthesia: 20% Benzocaine, Pina Colada topical applied for #8 & #9

Local Anesthetic used: 1 carpule (1.7 ml) 2% Carbocaine, no vasoconstrictor, (ASA) administered by Dr. Zahnartz; no complications

Prepped tooth #/surface(s): #8-ML, #9- MFL

Vitrebond: light cure, Etch: 15 seconds; Rinse: 15 seconds; Prime & Bond: light cure; Pro Bond, TPH composite

Shade: D3

Occlusion/Contacts adjusted

Polished: with finishing bur, finishing strip and Enhance cup w/ Prisma gloss

Standard post composite restoration instructions provided to patient.

RTC: Hygiene

Student Sign: Student Signature, DA I or II

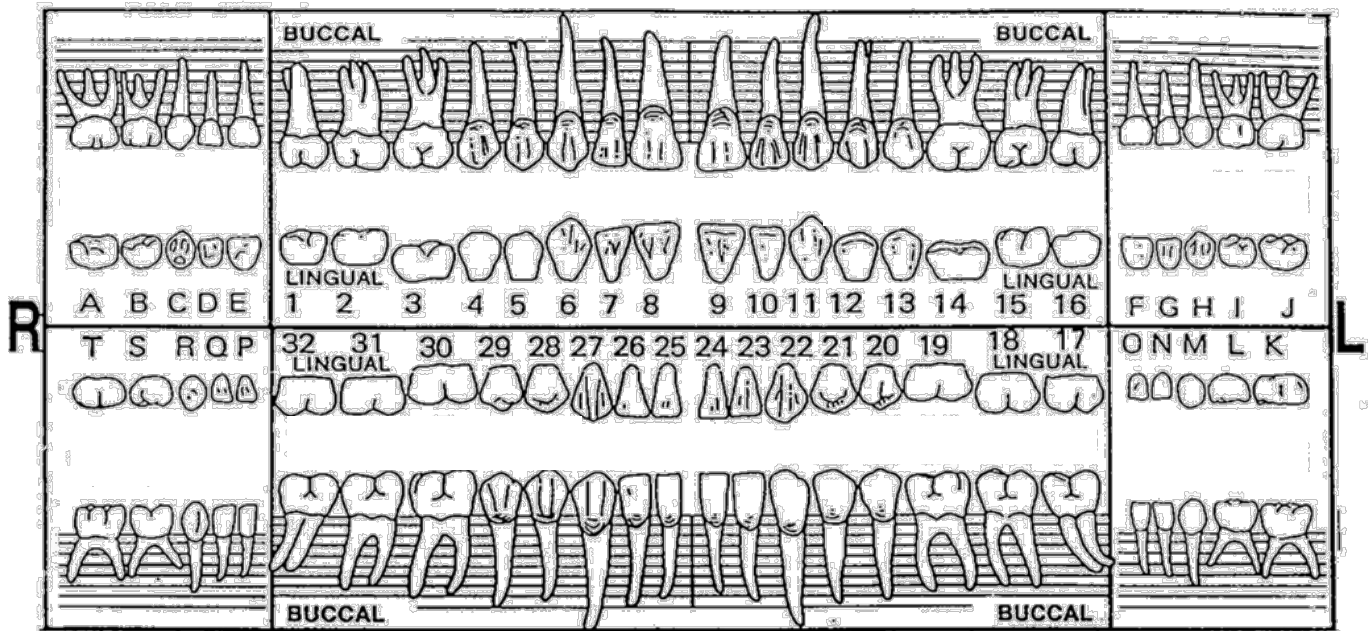
Faculty Sign: Faculty Signature, CDA or DMD/DDS



**GULF COAST STATE COLLEGE
DENTAL CLINIC
INTRAORAL RADIOGRAPHY INTERPRETATION**

Patient's Name _____
 Student's Name _____
 Date Radiographs Exposed _____

Dentist Signature _____
 Date Radiographs Reviewed _____
 Type of Radiograph(s) _____



Using a **red pencil**, circle any condition/finding below that applies to the radiograph being interpreted. Denote the tooth number or anatomical location adjacent to the item. Next, chart the condition/finding on the diagram above so that it can be located and cross-referenced to the radiograph.

Common Anatomical Conditions

- A. Impacted/Unerupted Tooth
- B. Retained Primary Tooth
- C. Supernumerary Tooth
- D. Supernumerary Root
- E. Macrodonia/Microdonia
- F. Taurodonia
- G. Open contact
- H. Torus/Tori
- I. Congenitally missing
- J. Enamel Pearl
- K. Dens en dente
- L. Fusion/Gemination
- M. Other (Specify) _____

Abnormal Pathology/Findings

- 1. Caries (C-1, C-2, C-3, C-4)
- 2. Recurrent Caries
- 3. Root Caries
- 4. Early Bone Loss
- 5. Moderate Bone Loss
- 6. Advanced Bone Loss
- 7. Dental/Osseous Radiolucency
- 8. Dental/Osseous Radiopacity
- 9. Radicular Cyst
- 10. Dentigerous Cyst
- 11. Odontoma
- 12. Apical Pathosis
- 13. Periapical cemental dysplasia
- 14. Condensing Osteitis
- 15. Sclerotic Bone
- 16. Hypercementosis
- 17. Attrition
- 18. Erosion
- 19. Abrasion
- 20. Other (specify) _____

Grading Criteria:
DES 1200L/1201L & DEA 0801L & DEH 1800L -
 Formative
DEH 1802L - >4 categories of errors = unacceptable
DEH 2804L/2806L - >2 categories of errors =

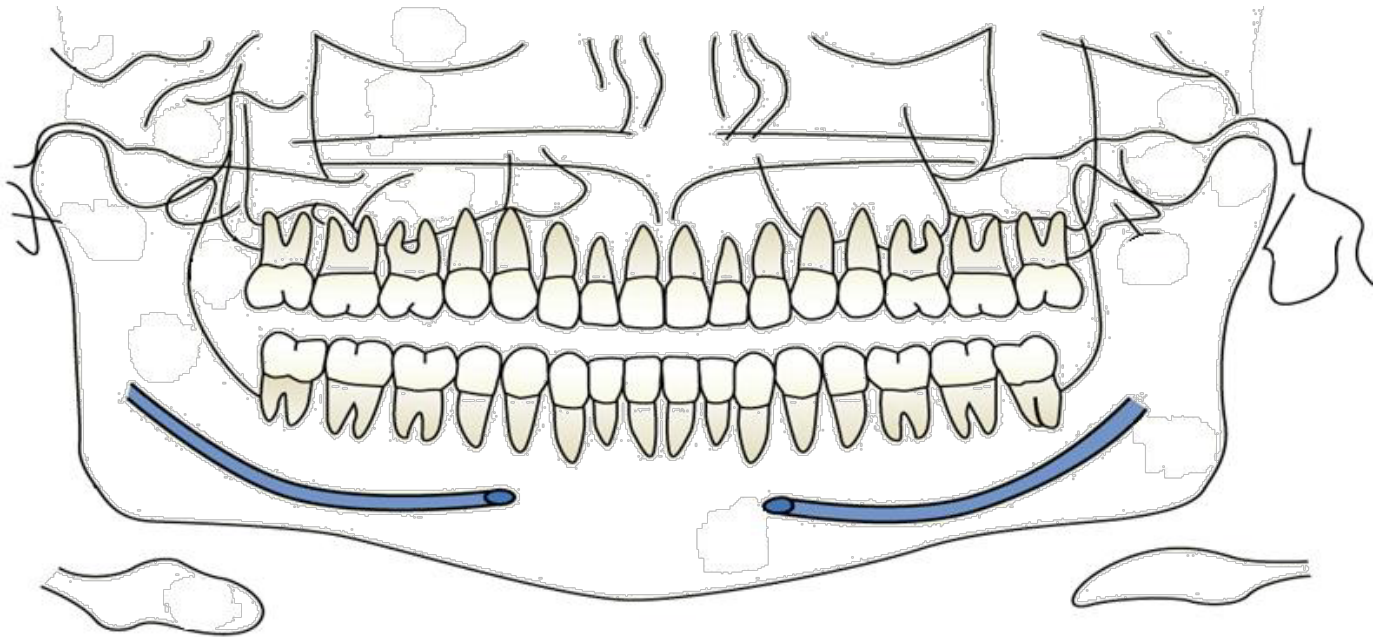
Number of Errors: _____
A _____ U _____
 247



**GULF COAST STATE COLLEGE
DENTAL CLINIC
EXTRAORAL RADIOGRAPHY INTERPRETATION**

Patient's Name _____
 Student's Name _____
 Date Radiograph Exposed _____

Dentist Signature _____
 Date Radiograph Reviewed _____
 Type of Radiograph _____



Using a **red pencil**, circle any condition/finding below that applies to the radiograph being interpreted. Denote the tooth number or anatomical location adjacent to the item. Next, chart the condition/finding on the diagram above so that it can be located and cross-referenced to the radiograph.

<u>Common Anatomical Conditions</u>	<u>Abnormal Pathology/Findings</u>	
A. Impacted/Unerupted Tooth B. Retained Primary Tooth C. Supernumerary Tooth D. Supernumerary Root E. Macrodontia/Microdontia F. Other (specify)	1. Gross Decay 2. Foreign Body 3. Torus 4. Dilaceration 5. Congenitally missing 6. Dental/Osseous Radiolucency 7. Dental/Osseous Radiopacity 8. Apical Pathosis 9. Radicular Cyst 10. Dentigerous Cyst	11. Odontoma 12. Periapical cemental dysplasia 13. Condensing Osteitis 14. Sclerotic Bone 15. Hypercementosis 17. Attrition 18. Erosion 19. Abrasion 20. Other (specify) _____

Grading Criteria:
 DES 1200L/1201L & DEA 0801L & DEH 1800L - Formative
 DEH 1802L - >4 categories of errors = unacceptable
 DEH 2804L/2806L - >2 categories of errors = unacceptable

Number of Errors: _____
 A _____ U _____



Dental Programs

Patient Satisfaction Survey

Thank you in advance for completing this survey. We value your response and will use results from this survey to continuously improve our services to you.

Today's date: ____/____/____ Is this your first visit? ____ Yes ____ No

How did you hear about us? Flyer Radio Newspaper Internet Other_____

Instructions: Please rate the services you received from our dental clinic. Check the box that best describes your experience.

How would you rate the following:

	Excellent	Good	Fair	Poor	Unable to Judge – N/A
Ease of getting an appointment					
Courtesy of our reception staff					
Knowledge of the student					
Caring attitude of the student					
Caring attitude of teaching faculty					
Quality of care received					
Cleanliness of the clinic					
Adequacy of the reception area					
Overall college facilities					
Convenience of parking					
Convenience of clinic location					
Convenience of appointment times					
Cost of treatment					
Our concern for privacy					
Overall rating of services received					

Comments:


Thank you for your comments and your support of the dental programs.



QUALITY ASSURANCE/REVIEW OF PATIENT RECORDS/CHART AUDIT

- Formal system of quality assurance for patient care
- **Clinic Faculty (FT and adjunct)** conducts a random review of 1 chart/week (min. 4 per month)
- **Dental Clinic Receptionist** also assigns a minimum of one (1) random patient chart to be audited by OA (student rotation)
- Results recorded in notebook
- Results are discussed monthly at the faculty meetings
- Goal of GCSC Dental Programs is to conduct a representative sample of 10% of our annual patients.

Time Frame	Responsible Person	Procedure
Daily	Clinic Receptionist	Ensure all signatures (patient, student & faculty) are completed before filing the patient chart.
Each Clinic Session (Daily)	Clinic Faculty	Documents charts to be reviewed on QA Monitoring Form
		Reviews completed chart for assigned student. Signs when "complete"
Monthly	Clinic Faculty	Random review of 1 chart/week using a designated form
Weekly	Assigned Office Assistant	
Yearly	Clinic Receptionist	Active Charts (1-5 years) Inactive Charts (over 5 years) - These charts are purged and destroyed.



1. In the upper right corner on the outside of the patient file, write in ink to indicate that the Patient Chart Audit was conducted: "PCA – mm/dd/yyyy"
2. Place initials in the box to the right (in ink) and affix this page as the **first** document in the patient file. →
3. Document in Chart Audit Log book in Reception Area



PATIENT CHART AUDIT

Auditor _____

Date _____

Patient _____

Date of Last Visit _____

ITEM	YES	NO	N/A	COMMENTS	FOLLOW UP REQUIRED?
Patient Medical/Dental History (comprehensive 4 page form)					
<i>Medical/Dental History Form</i>					
<i>Dental Treatment Consent and Release Agreement (signed by Patient, Dental Student and Faculty)</i>					
ES entry &/or Medical Hx/update complete; faculty/student signatures obtained in ink					
Subsequent or Recall Medical/Dental History Update and Vital Signs					
<i>Medication Summary/Dental Considerations Form complete and updated</i>					
<i>Subsequent/Recall Medical/Dental History form complete and updated (Vital Signs) Signed off by instructor.</i>					
Medical Clearance Request					
<i>Medical Clearance Form completed (if indicated)</i>					
<i>Medical Clearance Form returned from patient's physician(s)</i>					
Appointment Scheduling Policy/Patient Responsibilities					
<i>Appointment Scheduling Policy/Patient Responsibilities obtained and signed</i>					
Acknowledgement of HIPAA Information					
<i>Acknowledgement of Receipt of Notice of Privacy Practices Form obtained and signed</i>					
Dental Treatment Consent and Release Agreement (If indicated)					
<i>Non-Surgical Periodontal Therapy Consent Form (> Class III patients only)</i>					
<i>Tooth Removal Consent Form (if required)</i>					
<i>Post Op Instructions (if required) provided to pt. and annotated in ES Progress note.</i>					
Patient Screening Form					
<i>Patient Screening Form completed and signed if screened prior to Tx.</i>					
Dental Clinic Patient Evaluation Form (STE, GE, Occlusion, Calc. Det., OHI-S)					
<i>Soft Tissue Exam (Extraoral/ Intraoral exam complete)</i>					
<i>Hard Tissue Charting (ES Dental Charting) complete</i>					
<i>Classification of Occlusion complete</i>					253

Calculus Detection complete					
Dental Hygiene Treatment Care Plan complete					
Oral Debris Index is complete with score and category.					
Risk Assessments (Caries/Periodontal)					
Periodontal exam complete					
Periodontal Risk Assessment					
Caries Risk Assessment					
Dental Treatment Plan Recommendations (original given to patient; copy in chart)					
Dental Treatment Recommendations form complete and signed by appropriate parties; revised to reflect actual Tx provided					
White copy provided to patient, yellow copy remains in patient chart					
Copy of additional letters/correspondence received, sent or given to patient					
Copy of additional letters/correspondence received, sent or given to patient					
Progress Notes					
Progress notes complete (ES); easily understood utilizing professional grammar; all errors initialed; has appropriate signatures					
Progress Note form is completed to correspond with ES Note; signed off by student and faculty					
Intraoral/Extraoral Radiographic Interpretation					
Radiographic Exposure form completed dated					
Radiographic Interpretation form completed					
ES note indicates Rx and exposure of radiographs					
Copies of radiographs sent for referral (if requested) documented in ES					



STUDENT DENTAL CLINIC

DENTAL CODES & FEES		
ADA CODES	SERVICE	FEES
00001	Screening Exam	-0-
D0140	Limited Exam	\$8.00
D0150	Comprehensive Exam	\$12.00
D0170	Re-Evaluation	-0-
D0210	Intraoral Compl (FMX)	\$18.00
D0220	Intraoral Periapical-1	\$ 2.00
D0230	Intraoral Periapical -Add	\$ 2.00
D0270	Bitewing, 1	\$ 2.00
D0272	Bitewings, 2	\$ 4.00
D0274	Bitewings, 4	\$ 8.00
D0277	Bitewings, 7	\$12.00
D0330	Panoramic	\$15.00
D1110	Adult/Geriatric Prophy	\$25.00
D1120	Child (4-12)/Adolescent (13-17)	\$15.00
D1201	Fluoride (Child/Adolescent)	-0-
D1205	Fluoride (Adult/Geriatric)	-0-
D1206	Fluoride Varnish	-0-
D1310	Nutritional Counseling	-0-
D1320	Tobacco Counseling	-0-
D1330	Oral Hygiene Instruction	-0-
D1351	Sealant Per Tooth	\$ 5.00
D2140	Amalgam (1 Surface)	\$12.00
D2150	Amalgam (2 Surfaces)	\$22.00
D2160	Amalgam (3 Surfaces)	\$32.00
D2161	Amalgam (4 + Surfaces)	\$42.00
D2330	Resin (1 Surface-Anterior)	\$12.00
D2331	Resin (2 Surfaces-Anterior)	\$22.00
D2332	Resin (3 Surfaces-Anterior)	\$32.00
D2335	Resin (4 + Surfaces-Anterior)	\$42.00
D2391	Resin (1 Surface-Posterior)	\$12.00
D2392	Resin (2 Surfaces-Posterior)	\$22.00
D2393	Resin (3 Surfaces-Posterior)	\$32.00
D2394	Resin (4 + Surfaces-Posterior)	\$42.00
D2920	Recement Crown	\$12.00
D2940	Sedative filling	\$10.00
D2960	Labial Veneer (Resin laminate)	\$42.00
D4341	Adult/Geriatric Perio S/RP (4 or more teeth per quadrant)	\$10.00 per quadrant
D4342	Adult/Geriatric Perio S/RP (1-3 teeth per quadrant)	\$8.00 per quadrant
D4346	Scaling in the presence of moderate/severe gingivitis	\$25.00
D4355	Full mouth Debridement for Perio Eval.	\$30.00
D4910	Perio Maintenance	\$30.00
D6080	Implant Maintenance	-0-
D6081	Implant Scaling/debridement in the presence of inflammation	-0-
D6930	Recement Bridge	\$15.00
D7140	Single Tooth Extraction	\$25.00
D9215	Local Anesthesia	-0-
D9310	Consultation	\$5.00
D9910	Desensitizer	\$3.00
D9940	Occlusal Guard	\$35.00
D9999	Suture Removal	-0-

**GULF COAST STATE COLLEGE
DENTAL PROGRAMS**

SERVICES AND FEES TRACKING TOOL

PATIENT NAME: _____ **STUDENT:** _____ **Tx Began:** _____ **Tx Complete:** _____

Date	Faculty	ADA CODE	New Patient Treatment	Fees
		D0190	Screening	-0-
		D9310	Consultation	\$5.00
		D0150	Comprehensive Exam	\$12.00
		D0140	Limited Ex-Prob. focused	\$8.00
		D0120	Periodic Exam (> age 3)	\$10.00
		00001	Prescriptive Exam	-0-
		D0210	FMX	\$18.00
		D0210	PFMX	\$18.00
		D0220	Intraoral Periapical -1	\$2.00
		D0230	Intraoral Periapical -Add	\$2.00
		D0270	Bitewing – 1	\$2.00
		D0272	Bitewings – 2	\$4.00
		D0274	Bitewings – 4	\$8.00
		D0277	Intraoral Periapical -7	\$12.00
		D0330	Panoramic	\$15.00

Date	Faculty	ADA Code	Dental Hygiene Treatment	Fees
		D4355	Full Mouth Debridement for Periodontal Evaluation	\$30.00
		D4381	Arestin	-0-
		D4910	Periodontal Maintenance	\$30.00
		D4921	CHD Irrigation Rinse-per Quad	-0-
		D6080	Implant Maintenance	-0-
		D6081	Presence of Inflammation	-0-
		D9215	Local Anesthesia	-0-
Date	Faculty	ADA Code	CAMBRA Caries Risk	Fees
		D0601	Low Caries Risk	-0-
		D0602	Moderate Caries Risk	-0-
		D0603	High Caries Risk	-0-

Date	Faculty	ADA Code	Dental Hygiene Treatment	Fees
		D0170	Re-Evaluation	-0-
		D1110	Adult/Geriatric Prophy	\$25.00
		D1120	Child (4-12) Adolescent (13 – 17)	\$15.00
		D1208	Fluoride topical (Tray-Adult/Geriatric)	-0-
		D1206	Fluoride Varnish (Adult/Child)	-0-
		D1310	Nutritional Counseling	-0-
		D1320	Tobacco Counseling	-0-
		D1330	Oral Hygiene Instruction	-0-
		D1351	Sealant Per Tooth	\$5.00
		D0431	Oral Cancer Screening Light	-0-
Q1		D4341	Adult/Geriatric Periodontal (4 or more teeth) o Quad 1 o Quad 2 o Quad 3 o Quad 4	\$10.00 per Quad
Q2				
Q3				
Q4				
Q1		D4342	Adult/Geriatric Periodontal (1-3 or more teeth) o Quad 1 o Quad 2 o Quad 3 o Quad 4	\$8.00 per Quad
Q2				
Q3				
Q4				
		D4346	Scaling w/ moderate/severe Gingivitis	\$25.00

This learning and tracking tool is designed to assist the student in explaining services and fees to patients. All services rendered will also be entered into Eaglesoft and can be provided as an invoice or receipt for the patient.

Student Signature: _____

Patient Signature: _____

**GULF COAST STATE COLLEGE
DENTAL PROGRAMS**

SERVICES AND FEES TRACKING TOOL

PATIENT NAME: _____ STUDENT: _____ Tx Began: _____ Tx Complete: _____

Date	Faculty	ADA CODE	New Patient Treatment	Dental Hygiene Treatment	Fees
		D0190		Oral Debridement	\$30.00
		D9310		Oral Evaluation	-0-
		D0700		Maintenance	\$30.00
		D1110		Rinse-per	-0-
		D1120		Fluoride	-0-
		D1130		Oral Hygiene	-0-
		D1140		Oral Hygiene	-0-
		D1150		Oral Hygiene	-0-
		D1160		Oral Hygiene	-0-
		D1170		Oral Hygiene	-0-
		D1180		Oral Hygiene	-0-
		D1190		Oral Hygiene	-0-
		D1200		Risk	Fees
		D1206			-0-
		D1207			-0-
		D1208			-0-
		D1209			-0-
		D1210			-0-
		D1211			-0-
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Antibiotic Prophylaxis to Prevent Infective Endocarditis

(2007, 2008, 2012, 2013, 2014, and 2017 ADA, AHA, & AOS recommendations & updates)

Antibiotic Prophylaxis may be recommended for all dental procedures that involve manipulation of gingival tissue or the periapical region of the teeth, or perforation of the oral mucosa.

Current Recommendations:

- I. **CARDIAC CONDITIONS at Highest Risk for Infective Endocarditis** - Use of preventive antibiotics PRIOR to certain dental procedures*:

Patient Selection

The current infective endocarditis/valvular heart disease guidelines state that use of preventive antibiotics before certain dental procedures is reasonable for patients with:

- prosthetic cardiac valves, including transcatheter-implanted prostheses and homografts;
- prosthetic material used for cardiac valve repair, such as annuloplasty rings and chords;
- a history of infective endocarditis;
- a cardiac transplant^a with valve regurgitation due to a structurally abnormal valve;
- the following congenital (present from birth) heart disease:^b
- unrepaired cyanotic congenital heart disease, including palliative shunts and conduits
- any repaired congenital heart defect with residual shunts or valvular regurgitation at the site of or adjacent to the site of a prosthetic patch or a prosthetic device

^a According to limited data, infective endocarditis appears to be more common in heart transplant recipients than in the general population; the risk of infective endocarditis is highest in the first 6 months after transplant because of endothelial disruption, high-intensity immunosuppressive therapy, frequent central venous catheter access, and frequent endomyocardial biopsies.⁹

^b Except for the conditions listed above, antibiotic prophylaxis is no longer recommended for any other form of congenital heart disease.

Pediatric Patients

Congenital heart disease can indicate that prescription of prophylactic antibiotics may be appropriate for children. It is important to note, however, that when antibiotic prophylaxis is called for due to congenital heart concerns, they should only be considered when the patient has:

- Cyanotic congenital heart disease (birth defects with oxygen levels lower than normal), that has not been fully repaired, including children who have had a surgical shunts and conduits.
- A congenital heart defect that's been completely repaired with prosthetic material or a device for the first six months after the repair procedure.
- Repaired congenital heart disease with residual defects, such as persisting leaks or abnormal flow at or adjacent to a prosthetic patch or prosthetic device.

Antibiotic prophylaxis is not recommended for any other form of congenital heart disease.

*Patients should check with their cardiologist if there is any question as to whether they fall into one of these categories. GCSC DENTAL CLINIC REQUIRES DOCUMENTED MEDICAL CLEARANCE PRIOR TO TREATMENT.

II. **PROSTHETIC JOINTS** - In general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection.

1. 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.*

Patients should check with their Orthopedic Physician if there is any question as to whether they fall into this category. 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. GCSC DENTAL CLINIC **REQUIRES DOCUMENTED MEDICAL CLEARANCE PRIOR TO TREATMENT.*

Clinical Reasoning for the Recommendation:

- There is evidence that dental procedures are not associated with prosthetic joint implant infections.
- There is evidence that antibiotics provided before oral care do not prevent prosthetic joint implant infections.
- There are potential harms of antibiotics including risk for anaphylaxis, antibiotic resistance, and opportunistic infections like *Clostridium difficile*.
- The benefits of antibiotic prophylaxis may not exceed the harms for most patients.
- The individual patient's circumstances and preferences should be considered when deciding whether to prescribe prophylactic antibiotics prior to dental procedures.

III. **ADDITIONAL CONSIDERATIONS-** The practitioner and patient should consider possible clinical circumstances that may suggest the presence of a significant medical risk in providing dental care without antibiotic prophylaxis, as well as the known risks of frequent or widespread antibiotic use. As part of the evidence-based approach to care, this clinical recommendation should be integrated with the practitioner's professional judgment in consultation with the patient's physician, and the patient's needs and preferences.

- These considerations include, but are not limited to:
- Patients with previous late artificial joint infection
- Increased morbidity associated with joint surgery (wound drainage/hematoma)
- Patients undergoing treatment of severe and spreading oral infections (cellulitis)
- Patient with increased susceptibility for systemic infection
- Congenital or acquired immunodeficiency
- Patients on immunosuppressive medications
- Diabetics with poor glycemic control
- Patients with systemic immunocompromising disorders (e.g. rheumatoid arthritis, lupus erythematosus)
- Patient in whom extensive and invasive procedures are planned
- Prior to surgical procedures in patients at a significant risk for medication-related osteonecrosis of the jaw.

Sources:

- Antibiotic Prophylaxis Prior to Dental Procedures from retrieved from the American Dental Association <https://www.ada.org/en/member-center/oral-health-topics/antibiotic-prophylaxis> retrieved on July 8, 2019.
- Antibiotic Prophylaxis 2017 Update, AAE Quick Reference Guide. Retrieved from https://www.aae.org/specialty/wp-content/uploads/sites/2/2017/06/aae_antibiotic-prophylaxis-2017update.pdf on July 8, 2019.
- Sollecito, Thomas P., et al., *The use of prophylactic antibiotics prior to dental procedures in patients with prosthetic joints*, JADA 146(1), January 2015 <http://jada.ada.org>
- Engar, Richard, *Artificial Joint Claims, AGD July 2013* <http://www.agd.org/2/publications/impact/issues/2013/jul/hardcopy.pdf>
- Full Guideline: *Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures* (PDF) http://www.ada.org/~media/ADA/Member%20Center/Files/PUDP_guideline.ashx
- Garvin, Jennifer. *Guidelines for patients with orthopedic implants. ADA News.* April 4, 2011 <http://www.ada.org/en/member-center/oral-health-topics/antibiotic-prophylaxis> - Patient Education Information
- *Information Statement: Antibiotic Prophylaxis for Bacteremia in Patients with Joint Replacements.* American Academy of Orthopaedic Surgeons (AAOS). February 2009.
- *Prevention of infective endocarditis: Guidelines from the American Heart Association;* JADA, Vol. 139 January 2008 http://jada.ada.org/content/139/suppl_1/3S.full.pdf+html

Antibiotic Prophylactic Regimens for Dental Procedures

(2021; most recent ADA recommendations)

Note: A pre-rinse with chlorhexidine can be employed before any dental procedures are undertaken.

**Antibiotic Prophylactic Regimens
for Dental Procedures**

Regimen – Single dose 30 to 60 minutes before procedure

Situation	Agent	Adults	Children
Oral	Amoxicillin	2 g	50 mg/kg
Unable to take oral medication	Ampicillin OR	2 g IM or IV	50 mg/kg IM or IV
	Cefazolin or ceftriaxone	1 g IM or IV	50 mg/kg IM or IV
Allergic to penicillins or ampicillin—oral regimen	Cephalexin*	2 g	50 mg/kg
	OR		
	Azithromycin or clarithromycin	500 mg	15 mg/kg
	OR		
	Doxycycline	100 mg	<45 kg, 2.2 mg/kg >45 kg, 100 mg
Allergic to penicillin or ampicillin and unable to take oral medication	Cefazolin or ceftriaxone†	1 g IM or IV	50 mg/kg IM or IV

Clindamycin is no longer recommended for antibiotic prophylaxis for a dental procedure.

IM indicates intramuscular; and IV, intravenous.

* Or other first- or second-generation oral cephalosporin in equivalent adult or pediatric dosing.

† Cephalosporins should not be used in an individual with a history of anaphylaxis, angioedema, or urticaria with penicillin or ampicillin.

Sometimes patients forget to premedicate before their appointments. **The recommendation is that the antibiotic be given before the procedure.** This is important because it allows the antibiotic to reach an adequate blood level. However, the recommendations to prevent infective endocarditis state: “If the dosage of antibiotic is inadvertently not administered before the procedure, the dosage may be administered up to two hours after the procedure.”

Another concern that dentists have expressed involves patients who require prophylaxis but are already taking antibiotics for another condition. In these cases, the recommendations for infective endocarditis recommend that the dentist select an antibiotic from a different class than the one the patient is already taking. For example, if the patient is taking amoxicillin, the dentist should select, azithromycin, clarithromycin or doxycycline for prophylaxis.

Sources:

- <https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/antibiotic-prophylaxis>
- retrieved on July 13, 2022

ADULT VITAL SIGNS

Vital Sign	Values of Significance in Dental and Dental Hygiene Appointments
Body Temperature (oral)	Normal 37.0° C (98.6° F) Normal range 35.5 to 37.5° C (96.0° to 99.5° F)
Pulse Rate	Normal range 60 to 100 per minute
Respiration	Normal range 14 to 20 per minute

Body temperature	
Normal:	The average normal temperature is 98.6F. But "normal" varies from person to person. Your temperature will also vary throughout the day, usually being lowest in the early morning and rising as much as 1°F (0.6°C) in the early evening. Your temperature may also rise by 1°F (0.6°C) or more if you exercise on a hot day. A woman's body temperature typically varies by 1°F (0.6°C) or more through her menstrual cycle, peaking around the time of ovulation.
Abnormal:	An oral temperature of 100°F or a rectal, ear, or forehead temperature of 101°F indicates a slight fever.
	A rectal temperature of 100.4°F or higher in a child indicates a fever.
	A rectal or ear temperature of less than 97°F indicates a low body temperature (hypothermia).


Sources:

- Auwaerter PG (2007). Approach to the patient with fever. In LR Barker et al., eds., Principles of Ambulatory Medicine, 7th ed., pp. 457-465. Philadelphia: Lippincott Williams and Wilkins.
- El-Radhi AS, Barry W (2006). Thermometry in pediatric practice. Archives of Disease in Childhood, 91(4): 351-356.

New and updated Hypertension categories (2017)

The American Heart Association (AHA) and the American College of Cardiology (ACC) released the new guidelines at the 2017 AHA annual meeting. The guidelines are based on a systematic review of dozens of studies as well as additional research findings.

Blood Pressure Categories



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

A significant change in the guidelines lower what is considered high blood pressure to 130 mmHg for systolic blood pressure and 80 mmHg for diastolic blood pressure. The prehypertension category is eliminated and a category for elevated HPN has been added. The guidelines do not change what is considered a hypertension crisis, an ASA IV category, important for treatment planning.

Dental professionals must recognize the hypertension crisis range as the only time blood pressure would delay provision of dental treatment.

Under the new guidelines, almost half of the U.S. population qualifies as having high blood pressure, compared with 1 out of 3 people under the older guidelines. Younger adults are more likely to be affected by the changes than older adults, with hypertension diagnoses expected to triple for men younger than 45 and double for women younger than 45.

In addition to updating the categories, the guidelines emphasize getting accurate blood pressure readings by taking the average of two to three readings on at least two different occasions. Values should be included in the dental patient record and new measurements compared to the last two measurements. Treating hypertension with lifestyle changes, such as exercise and diet, are noted, in addition to pharmacological treatment.

Role of oral health professionals in hypertension management

Hypertension treatment and monitoring largely fall under the domains of physicians, but the main role in dentistry is the medical referral of formerly undiagnosed hypertensive individuals with several consecutive elevated or hypertensive stage blood pressure measurements.

An individual with blood pressure levels in the hypertension crisis is an ASA IV category condition should not receive nonemergency oral care. This is a condition that requires immediate referral of the patient for medical evaluation.

BLOOD PRESSURE CLASSIFICATION

Dental Management of Hypertension: Follow-up and Treatment Recommendations

DENTAL CONSIDERATIONS FOR BLOOD PRESSURE		
ADULT (AGE 18 AND OLDER)		
Blood Pressure		Dental Treatment Considerations
ADULT <90/<60	HYPOTENSION	<ol style="list-style-type: none"> 1. Observe for possible light-headedness and syncope. If persistent, referral for evaluation. 2. Inform patient of readings. 3. If asymptomatic, routine dental treatment can be provided.
ADULT <120/80	NORMAL	<ol style="list-style-type: none"> 1. Routine dental treatment can be provided. 2. Re-measure BP at recall appointment. 3. Inform patient of BP measurements.
ADULT 121-129/<80	ELEVATED	<ol style="list-style-type: none"> 1. Measure prior to any appointment; if client has measurements above normal range several consecutive appointments, and has not been diagnosed as hypertensive, refer for medical evaluation. 2. Inform patient of BP measurement. 3. Refer for medical evaluation within 1 month; delay treatment if patient is unable to handle stress or if dental procedure is stressful. <u>Use local anesthesia with vasoconstrictor if required.</u> 4. Routine treatment can be provided. Consider using a stress-reduction protocol during dental treatment.
ADULT 130-139/80-89	STAGE 1	<ol style="list-style-type: none"> 1. Re-measure BP after 5 minutes & patient is rested. 2. Measure prior to any appointment; if client has measurements above normal range on several consecutive appointments, and has not been diagnosed as hypertensive, refer for medical evaluation. 3. Inform patient of BP measurement. 4. Refer for medical evaluation within 1 month; delay treatment if patient is unable to handle stress or if dental procedure is stressful. <u>Use local anesthesia with vasoconstrictor if required.</u> 5. Routine treatment can be provided. Consider using a stress reduction protocol during dental treatment.
ADULT ≥ 140/≥90	STAGE 2	<ol style="list-style-type: none"> 1. Re-measure BP after 5 minutes & patient is rested. 2. Measure prior to any appointment; if client has measurements above normal range on two separate appointments, and has not been diagnosed as hypertensive, refer for medical evaluation. 3. Inform patient of BP measurement. 4. Refer for medical evaluation within 1 month; delay treatment if patient is unable to handle stress or if dental procedure is stressful. <u>Use local anesthesia with vasoconstrictor if required.</u> 5. Routine treatment can be provided. Consider using a stress reduction protocol during dental treatment.
ADULT >180/120	HYPERTENSIVE CRISIS	<ol style="list-style-type: none"> 1. Re-measure BP after 5 minutes & patient is rested. 2. Inform patient of readings. 3. <u>Delay dental treatment</u> until BP is controlled, <u>require a medical release form</u> approving oral healthcare treatment to be completed and signed by client's physician. 4. Immediate consult with patient's physician

Sources:

- American Heart Association, Inc. Understanding Blood Pressure Readings. American Heart Association. http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/KnowYourNumbers/Understanding-Blood-Pressure-Readings_UCM_301764_Article.jsp#.Wi86hkqnHLY Updated: December 5, 2017. Accessed December 13, 2017
- Eight Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure, *JAMA* February 2014.

TABLE 8-3

Emergency Reference Chart: Medical Emergencies

EMERGENCY	SIGNS/SYMPTOMS	PROCEDURE
<p>All Cases Call EMS immediately if problem with:</p> <ul style="list-style-type: none"> Breathing Unconsciousness Anaphylaxis Bleeding Poisoning Chest pain 		<p>I. Determine consciousness (tap and shout): yell for help. If patient is unconscious: Call EMS and get AED</p> <p>II. Conduct primary assessment:</p> <ul style="list-style-type: none"> C. Circulation: check for pulse for 10 s, if none: Start compressions. A. Airway: open with head tilt-chin lift B. Breathing: (look, listen, feel) if none: Give 2 (1-s) breaths D. Defibrillate: 1 shock: then 5 cycles of CPR. <p>If patient is breathing and conscious:</p> <p>III. Conduct secondary assessment:</p> <ul style="list-style-type: none"> A. Evaluate level of consciousness. <ul style="list-style-type: none"> 1. Does patient know own name, location, date? 2. Use penlight to see if pupils react equally to light. 3. If conscious: check for equal hand strength by asking patient to squeeze your hands. 4. Position according to signs/symptoms. If face is red, raise the head. If face is pale, raise the tail. 5. Evaluate heart rate, blood pressure, respirations. B. Findings in patient record or medical alert bracelet <ul style="list-style-type: none"> 1. Disabilities, diseases, drugs, baseline vital signs: Call EMS.
<p>Respiratory failure</p>	<p>Labored or weak respirations or cessation breathing Cyanosis or ashen-white with blood loss Pupils dilated Loss of consciousness</p>	<p>Position: semisupine if not breathing; upright if breathing. Check for and remove foreign material from mouth. Establish airway. Begin CPR. If patient does not spontaneously breathe: Call EMS. Monitor vital signs: blood pressure, pulse, respirations. Administer oxygen by nonrebreather mask if patient is already breathing.</p>
<p>Mild airway obstruction</p>	<p>Good air exchange, coughing, wheezing (patient can speak)</p>	<p>Sit patient up. Loosen tight collar, belt. No treatment; let patient cough.</p>
<p>Severe airway obstruction</p>	<p>Poor air exchange; noisy breathing; weak, ineffective cough; difficult respirations; gasping. Unable to speak, breathe, cough. Cyanosis, dilated pupils</p>	<p>Reassure patient. Treat for complete obstruction. Conscious patient Perform Heimlich maneuver. Patient becomes unconscious: Begin CPR. Unconscious patient Call EMS.</p>
<p>Hyperventilation syndrome</p>	<p>Light-headedness, giddiness Anxiety, confusion Dizziness Overbreathing (25–30 respirations/min) Feelings of suffocation Deep respirations Palpitations (heart pounds) Tingling or numbness in the extremities</p>	<p>Terminate oral procedure. Remove rubber dam and objects from mouth. Position upright. Immediately tell patient: "There will be no more dental treatment today." Loosen tight collar. Reassure patient. Explain overbreathing; request that each breath be held to a count of 10. Ask patient to breathe deeply (7–10 per min) into a paper bag adapted closely over nose and mouth. Never use a bag for a patient with diabetes or patients exhibiting signs of diabetic coma, e.g., fruity breath odor, Kussmaul breathing, lethargy, dry skin.</p>

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TABLE 8-3

Emergency Reference Chart: Medical Emergencies (*continued*)

EMERGENCY	SIGNS/SYMPTOMS	PROCEDURE
Heart failure	Difficult or labored breathing Pulmonary congestion with cough and difficulty breathing May cough up pink sputum Rapid, weak pulse Dilated pupils May have chest pain	Place patient in upright position. Call EMS. Make patient comfortable: cover with blanket. Administer oxygen by nonrebreather mask. Reassure patient. BLS.
Cardiac arrest	Skin: ashen gray, cold, clammy No pulse No heart sounds No respirations Eyes fixed, with dilated pupils; no constriction with light Unconscious	Call EMS. Check oral cavity for debris or vomitus; leave dentures in place for a seal. Begin CPR. ⁴
Asthma attack	Difficulty breathing, wheezing, (extreme cases—silence, indicating little to no air exchange) Cyanosis Dilated pupils Confusion due to lack of oxygen Chest pressure Sweating	Position patient upright with arms up and supported forward. Assist with patient's own bronchodilator. Administer supplemental oxygen by nasal cannula. Epinephrine if patient decompensates. Supplemental cortisone to patients on corticosteroid therapy. BLS—may need demand valve resuscitator if patient experiences respiratory depression. Call EMS.
Syncope (Fainting)	Pale gray face, anxiety Dilated pupils Weakness, giddiness, dizziness, faintness, nausea Profuse cold perspiration Rapid pulse at first, followed by slow pulse Shallow breathing Drop in blood pressure Loss of consciousness	Position: Trendelenburg. Open airway. Loosen tight collar, belt. Place cold, damp towel on forehead. Crush ammonia vaporole under patient's nose. Keep warm (blanket). Monitor vital signs: blood pressure, pulse, respirations. Keep airway open. Administer oxygen by nasal cannula. Keep in supine position 10 min after recovery to prevent nausea and dizziness. Reassure patient, especially during recovery.
Shock	Skin: pale, moist, clammy Rapid, shallow breathing Low blood pressure Weakness and/or restlessness Nausea, vomiting Thirst, if shock is from bleeding Eventual unconsciousness if untreated	Position: Trendelenburg Open airway. Keep quiet and warm. Monitor vital signs: blood pressure, respirations, pulse. Keep airway open. Administer oxygen by nonrebreather bag. If patient does not recover fully and/or vital signs not at baseline: Call EMS.

TABLE 8-3

Emergency Reference Chart: Medical Emergencies (continued)

EMERGENCY	SIGNS/SYMPTOMS	PROCEDURE
Stroke (cerebrovascular accident)	<p><i>Premonitory</i> Dizziness, vertigo Transient paresthesia or weakness Transient speech defects Serious Headache (with cerebral hemorrhage) Breathing labored, deep, slow Chills Paralysis one side of body Nausea, vomiting Convulsions Loss of consciousness (slow or sudden onset)</p>	<p>Conscious patient Call EMS. Turn patient on paralyzed side; semiupright. Loosen clothing about the throat. Reassure patient; keep calm, quiet. Monitor vital signs: blood pressure, pulse, respirations. Administer oxygen by nasal cannula. Clear airway; suction vomitus because the throat muscles may be paralyzed.</p> <p>Unconscious patient Position: supine. BLS. Cardiopulmonary resuscitation if indicated.</p>
Cardiovascular diseases	Symptoms vary depending on cause	<p>For all patients Call EMS. Be calm and reassure patient. Keep patient warm and quiet; restrict effort. Always administer oxygen when there is chest pain.</p>
Angina pectoris	<p>Sudden crushing, paroxysmal pain in substernal area Pain may radiate to shoulder, neck, arms Pallor, faintness Shallow breathing Anxiety, fear</p>	<p>Position: upright, as patient requests, for comfortable breathing. If patient has been diagnosed with angina and has own nitroglycerine: Place nitroglycerin sublingually only when the blood pressure is at or above baseline. Administer oxygen by nasal cannula. Reassure patient. Without prompt relief from nitroglycerin: Call EMS. Treat as a myocardial infarction.</p>
Myocardial infarction (heart attack)	<p>Sudden pain similar to angina pectoris, which may radiate, but of longer duration Pallor; cold, clammy skin Cyanosis Nausea Breathing difficulty Marked weakness Anxiety, fear Possible loss of consciousness</p>	<p>Call EMS. Position: with head up for comfortable breathing. Symptoms are not relieved with nitroglycerin. Encourage chew 1 adult (not enteric coated) or 2 low-dose "baby" aspirin if the patient has no allergy to aspirin.⁵ Monitor vital signs: blood pressure, pulse, respirations. Administer oxygen by nonrebreather bag. Alleviate anxiety; reassure.</p>
Adrenal crisis (cortisol mental deficiency)	<p>Anxious, stressed Confusion Pain in abdomen, back, legs Muscle weakness Extreme fatigue Nausea, vomiting Lowered blood pressure Elevated pulse Loss of consciousness Coma</p>	<p>Conscious patient Terminate oral procedure. Call EMS. Request telephone call for medical assistance. Administer oxygen by nonrebreather mask. Monitor blood pressure and pulse. Place patient on stable side with legs slightly raised.</p> <p>Unconscious patient BLS. Try ammonia vaporole when cause is undecided. Administer oxygen. EMS transport to hospital.</p>

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TABLE 8-3

Emergency Reference Chart: Medical Emergencies (*continued*)

EMERGENCY	SIGNS/SYMPTOMS	PROCEDURE
Insulin reaction (hyperinsulinism, hypoglycemia)	Sudden onset Skin: moist, cold, pale Confused, nervous, anxious Bounding pulse Salivation Normal to shallow respirations Convulsions (late)	Conscious patient Administer glucose gel. Observe patient for 1 h before dismissal. Determine time since previous meal, and arrange next appointment following food intake. Unconscious patient Call EMS. BLS. Position: supine. Maintain airway. Administer oxygen by nonrebreather bag. Monitor vital signs. Administer intramuscular glucagon or intravenous glucose.
Diabetic coma (ketoacidosis) (hyperglycemia)	Slow onset Skin: flushed and dry Breath: fruity odor Dry mouth, thirst Low blood pressure Weak, rapid pulse Exaggerated respirations (Kussmaul breathing)	Conscious patient Call EMS. Keep patient warm. Administer oxygen by nasal cannula. Unconscious patient BLS. Position: supine.
Seizure • Generalized tonic-clonic • Generalized absence	Coma Anxiety or depression Pale, may become cyanotic Muscular contractions Loss of consciousness Brief loss of consciousness Fixed posture Rhythmic twitching of eyelids, eyebrows, or head May be pale	Call EMS. Position supine: Do not attempt to move from dental chair. Make safe by placing movable equipment out of reach. Do not force anything between the teeth; a soft towel or large sponges may be placed while mouth is open. Open airway; monitor vital signs. Administer oxygen by nasal cannula or face mask. Allow patient to sleep during postconvulsive stage. EMS to determine need for transport to hospital. Take objects from patient's hands to prevent their being dropped.
Allergic reaction • Delayed (anaphylactic shock)	Skin Erythema (rash) Urticaria (wheals, itching) Angioedema (localized swelling of mucous membranes, lips, larynx, pharynx) Respiration Distress, dyspnea Wheezing Extension of angioedema to larynx: may have obstruction from swelling of vocal apparatus	Skin. Administer antihistamine. Respiration. Position: upright. Administer oxygen by nasal cannula. Epinephrine may be needed if breathing difficulty. If airway obstruction: Position: supine. Airway maintenance. Epinephrine (Epi-Pen).

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TABLE 8-3

Emergency Reference Chart: Medical Emergencies (*continued*)

EMERGENCY	SIGNS/SYMPTOMS	PROCEDURE
<ul style="list-style-type: none"> • Immediate anaphylaxis 	Skin Urticaria (wheals, itching) Flushing Nausea, abdominal cramps, vomiting, diarrhea Angioedema Swelling of lips, membranes, eyelids Laryngeal edema with difficulty swallowing Respiration distress Cough, wheezing Dyspnea, airway obstruction Cyanosis Cardiovascular collapse Profound drop in blood pressure Rapid, weak pulse Palpitations Dilation of pupils Loss of consciousness (sudden) Cardiac arrest	Rapid treatment needed. Administer epinephrine via autoinjector. Call EMS. Position: supine (except when dyspnea predominates). Administer oxygen by nonrebreather mask. BLS. Monitor vital signs. Cardiopulmonary resuscitation if airway obstructed.
Local anesthesia reactions <ul style="list-style-type: none"> • Psychogenic • Allergic (very rare) • Toxic overdose 	Reaction to injection, not the anesthetic Syncope Hyperventilation syndrome Anaphylactic shock Allergic skin and mucous membrane reactions Bronchial asthma attack Effects of intravascular injection rather than increased quantity of drug more common Stimulation phase Anxious, restless, apprehensive, confused Rapid pulse and respirations Elevated blood pressure Tremors Convulsions Depressive phase follows stimulation phase Drowsiness, lethargy Shocklike symptoms: pallor, sweating Rapid, weak pulse and respirations Drop in blood pressure Respiratory depression or respiratory arrest Unconsciousness	Syncope. Hyperventilation. See earlier in this table. Mild reaction. Stop injection. Position: supine. Loosen tight clothing. Reassure patient. Monitor blood pressure, heart rate, respirations. Administer oxygen by nasal cannula. Severe reaction: Call EMS. BLS: maintain airway. Administer oxygen by nonrebreather mask. Continue to monitor vital signs. Cardiopulmonary resuscitation. Administration of anticonvulsant.

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Source:Wilkins, E. M. *Clinical Practice of the Dental Hygienist*, 12th Ed., Lippincott, Williams, & Wilkins, 2017

TABLE 10-3

Items for the Medical History (*continued*)

ITEM TO RECORD IN HISTORY	RECORD NOTES	MEDICATIONS AND TREATMENT MODALITIES	CONSIDERATIONS FOR APPOINTMENT PROCEDURES
12. Arthritis	Joint pain Immobility Temporomandibular joint involvement	Aspirin Nonsteroidal anti-inflammatory drugs Corticosteroids Total joint replacements	Antibiotic premedication: consult physician if treated with chemotherapeutic agent Dental chair adjustment
13. Blood disorder	Type and duration of disease Leukemia: remission, thrombocytopenia	Vitamins Minerals: iron (iron-deficiency anemia) Folic acid supplement (macrocytic anemia) Antineoplastic drugs	Consultation with physician Need for high level of oral health Antibiotic premedication Immunosuppression Increased bleeding Oral lesions
14. Bleeding	Bleeding associated with previous dental appointments History of disorder with coagulation problem History of transfusions or other blood products Check use of aspirin and herbal supplements (relation to bleeding tendency) Laboratory tests for bleeding time, coagulation may be needed	Anticoagulant medication Hemophilia factor replacement	Emergency prevention through preappointment precautions May need to apply direct pressure or hemostatic agent after scaling Special measures for hemophilia
15. Cancer	Head and neck radiation effects on oral cavity, salivary glands Dental and dental hygiene therapy updated before start of surgery, radiation therapy, or immunosuppression Blood count before dental and dental hygiene therapy Previous history of bisphosphonate prescription	Radiation therapy Fluoride therapy: daily topical application Antineoplastic drugs, alkylating agents, antimetabolites, antibiotics, plant alkaloids, steroids	Bleeding; infection; poor healing response Avoid trauma to tissues Effect on oral radiographic survey: prevention of overexposure Dental caries: preventive measures Xerostomia: substitute saliva Increased risk of osteonecrosis with history of bisphosphonate use.
16. Cardiovascular diseases	Consultation with physician Refer for examination when patient seems unsure of problem	Cardiac glycosides Antiarrhythmics Antianginals Antihypertensives Anticoagulants	Minimize stress Premedication for stress Ensure medications have been taken Monitor vital signs
a. Congenital heart disease	Susceptibility to IE Type of problem; date of rheumatic fever		Antibiotic premedication may be required
b. Previous history of IE	Susceptibility to recurrence of IE Type of problem; date		Antibiotic premedication may be required

TABLE 10-3

Items for the Medical History (*continued*)

ITEM TO RECORD IN HISTORY	RECORD NOTES	MEDICATIONS AND TREATMENT MODALITIES	CONSIDERATIONS FOR APPOINTMENT PROCEDURES
c. Hypertension	Symptom of other disease state Monitor blood pressure for each appointment Anesthesia: consult with primary care provider about epinephrine use	Diuretics Antiadrenergic agents Vasodilators Angiotensin-converting enzyme inhibitors Calcium channel-blocking agent	Postural hypotension (raise dental chair slowly) Xerostomia: saliva substitute and fluoride rinse may be needed Gingival enlargement (drug side effect)
d. Angina pectoris	Prepare for symptoms; have ready amyl nitrite inhalant or nitroglycerin tablets or spray	Amyl nitrite, nitroglycerin, or other antianginal drugs	Allay fears and prevent stress Morning appointment
e. Heart diseases	History of disease symptoms of fatigue, shortness of breath, or cough Consult with physician	Glycosides (digitalis) Anticoagulants Antiarrhythmic drugs Pacemaker	Monitor vital signs Short, more frequent appointments Change dental chair slowly Patient with breathing problem (sleeps with two or more pillows) may need semi-upright position Bleeding tendency associated with anticoagulant Check use of ultrasonic (unshielded pacemaker)
f. Surgically corrected cardiovascular lesions	Type, date of surgery Consultation with physician Before surgical procedure, when possible: the patient needs complete oral evaluation and corrective dental work done, with motivation to high level of oral personal care daily	No tobacco use Anticoagulants Cyclosporine Nifedipine	Consult with primary care provider about antibiotic premedication Gingival bleeding can be expected Gingival enlargement
g. Cerebrovascular accident (stroke)	Date of onset; residual disabilities Speech, vision, mental function	No tobacco; low-salt diet Anticoagulants Antihypertensives Vasodilator Steroid Anticonvulsant	Gingival bleeding likely when anticoagulants are used Adapt procedures for physical disability
17. Communicable diseases	History of diseases; immunizations Present disease; communicability Residence or extended trips in countries with high endemic incidence of certain diseases Risk group factor	Immunizations Drug therapy for current infection	Appointment postponement
a. Hepatitis B	Jaundice history Clarification of type of hepatitis Laboratory clearance	Vaccine of hepatitis B virus	Precautions against percutaneous injury

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TABLE 10-3

Items for the Medical History (*continued*)

ITEM TO RECORD IN HISTORY	RECORD NOTES	MEDICATIONS AND TREATMENT MODALITIES	CONSIDERATIONS FOR APPOINTMENT PROCEDURES
b. Tuberculosis	Active or passive Cough Duration of disease	Isoniazid Rifampin Pyrazinamide	Length of treatment; infectivity diminished after few months of treatment
c. Sexually transmitted infections (STIs)	May not obtain history of STIs Oral and pharyngeal lesions may be indicators of disease	Antibiotics	Infectiousness diminishes with antibiotic therapy for gonorrhea and syphilis Refer to physician and postpone treatment when lesions or other signs suggest infection Caution for risk from previously treated diseases
d. Herpes	Lesions can be transmitted readily	Nondefinitive; symptomatic and palliative treatment Acyclovir	Postpone routine care when oral lesions are present
e. HIV infection AIDS	Risk group identification Oral manifestations	Wide variety of opportunistic infections and complications require variety of drugs	Oral lesions Complete sterilization and barrier procedures as for all patients
18. Diabetes mellitus	Undiagnosed: excess thirst, appetite, and urination Family incidence: help in finding prediabetes or undiagnosed Severe advanced diabetes: complications (vision, kidney, cardiovascular, nervous system)	Insulin Diet control Hypoglycemics	Prepare for emergency; insulin; glucose gel Appointment time related to insulin therapy and mealtime Need frequent maintenance appointments Periodontal disease accelerated Referral for testing to identify undiagnosed
19. Ears	Deafness or degree of hearing impairment Infections, ringing, dizziness, balance	Treatment for infection Hearing aid	Adaptations for communication and biofilm control instruction
20. Endocrine	Age-group relations to certain conditions Growth, development Menstruation, menopause	Thyroid hormone supplement Antithyroid Estrogen/progestin Oral contraceptives Corticosteroids	Emphasis on high level of biofilm control Any patient taking steroids may need antibiotic premedication for appointments Monitor blood pressure
21. Epilepsy	Type, frequency of seizures precipitating factors Preparation for emergency seizure	Anticonvulsant Sedative	Minimize stress Medications make patient drowsy, less alert
22. Eyes	Disturbance of vision Purpose for corrective eyeglasses or contact lenses Manifestations of systemic disease	Eyedrops (e.g., glaucoma)	Protective eyewear during appointment Adaptations for communication with limited sight

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TABLE 10-3

Items for the Medical History (*continued*)

ITEM TO RECORD IN HISTORY	RECORD NOTES	MEDICATIONS AND TREATMENT MODALITIES	CONSIDERATIONS FOR APPOINTMENT PROCEDURES
23. Gastrointestinal	Nature and treatment of the disease Diet restriction prescribed by physician	Antacids Antidiarrheals Laxatives Antispasmodics	Patient instruction in accord with prescribed diet and medication Xerostomia
24. Kidney	Renal disease; kidney stones Hemodialysis: hypertension, anemia, hepatitis carrier Transplant: hypertension, hepatitis	Salt restriction Many drugs are nephrotoxic Immunosuppressive drugs (cyclosporine)	Monitor blood pressure Bleeding tendency Poor healing Susceptibility to infection Limited stress tolerance
25. Liver	History of jaundice, hepatitis Impaired drug metabolism Cirrhosis: history of alcoholism	Nutritional emphasis Abstinence from alcohol	Laboratory test for hepatitis Bleeding problems
26. Mental, psychiatric	Emotional problems hinder oral care	Antipsychotic drugs Antianxiety drugs Tranquilizers Antidepressants Antiparkinsonism drugs	Limited stress tolerance Xerostomia (side effect) Avoid mouthrinse containing alcohol
27. Physical activity	Overall health consciousness	Good health habits Regular exercise	Contribute to cooperative attitude in maintaining oral health
28. Physical disabilities	Extent, cause, duration Type of treatment related to individual condition Consultation with physician or medical specialist	Pain reliever Muscle relaxant Anticonvulsant	Adjustment of physical arrangements Wheelchair accessibility and transfer Adaptations of techniques and instruction Consult on need for antibiotic premedication
29. Pregnancy	Month, parturition date Possible oral manifestations History of previous pregnancies Iron-deficiency anemia	Iron Folic acid Multivitamins	Adjust physical position for comfort Frequent appointments for maintaining high level of oral hygiene
30. Respiration	Breathing problems Persistent cough Cough up blood Chest pain Precipitation of asthmatic attack	Codeine cough syrup Antihistamine Bronchial dilator Expectorant Decongestant Steroid	Dental chair position Ultrasonic and air-powder polisher contraindicated Nitrous oxide contraindicated No aerosol agents

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Source:Wilkins, E. M. *Clinical Practice of the Dental Hygienist*, 12th Ed., Lippincott, Williams, & Wilkins, 2017

SPECIAL NEEDS PATIENTS

MEDICAL

Cancer Patient	Presently being treated for cancer <i>and/or</i> patient's requiring treatment modification(s)
Multiple Complications	Requiring adjustments to the treatment, a medical consultation be necessary prior to or during dental treatment
Diabetes	<ol style="list-style-type: none"> 1. Type I 2. Type II
High Blood Pressure	Patient requiring a <i>return</i> appointment after BP is controlled
Cardiovascular Disease	<p><i>If patient belongs to one of the following categories:</i></p> <ol style="list-style-type: none"> 1. Patient requiring premedication 2. Patient with a history of a cardiac condition requiring the student to contact the physician 3. Patient with a history of Angina or Congestive Heart Failure 4. Patient presently taking an anti-coagulant (other than baby aspirin)
Stroke	Requiring medical consultation <i>and/or</i> treatment modification(s)
Prosthetic Joints	Requiring premedication, medical consultation, <i>and/or</i> treatment modification
Allergies	<ol style="list-style-type: none"> 1. If the allergy requires treatment modifications 2. If the allergy is of a substance normally used and is present in our clinic (GCSC Dental Clinic is a latex free clinic)
Respiratory	<ol style="list-style-type: none"> 1. Asthmatics <i>with</i> inhaler 2. Chronic Bronchitis 3. Emphysema
Kidney or Liver Disease	Requiring premedication <i>and/or</i> modification of dental treatment
Bleeding Disorders	Requiring premedication, medical consultation, <i>and/or</i> treatment modification
Autoimmune Disorders	Requiring premedication, medical consultation, <i>and/or</i> treatment modification

PHYSICAL

- Wheelchair / Walker/ Scooter
- Arthritis (Debilitating)
- Multiple Sclerosis
- Muscular Dystrophy
- Cerebral Palsy
- Hearing Impaired/Deaf patient (requiring assistance to communicate)
- Blind patient (requiring assistance to be seated and sign forms)
- Pregnant patient (any trimester)
- Physical Injury/disability requiring treatment to be completed by the clinician standing up.

NEUROLOGIC

- Down Syndrome
- Autism
- Intellectual Disability
- Parkinson's
- Epilepsy
- Psychiatric disorders requiring treatment modifications

SOCIAL

- ADD/ADHD (diagnosed) – requiring an extraordinary amount of time to complete treatment, an assistant may be necessary during treatment
- Substance Abuse (documented) if treatment modification is justified
- Meth Mouth- requiring added time for work-up (especially dental charting)

A1C Guidelines for GCSC Dental Clinic

An A1C test reflects a person's average blood sugar level for the past 2-3 months. Specifically, it measures what percentage of hemoglobin proteins in your blood are coated with sugar. The higher the A1C level, the more at risk a patient is of diabetes complications.

A1C results may vary based on age and overall health of patient. Generally, results for a diagnosis are interpreted as follows:

- Below 5.7% is normal.
- 5.7% to 6.4% is diagnosed as prediabetes.
- 6.5% or higher on two separate test indicates diabetes.

Protocol for GCSC Dental Clinic:

>8% A1C- Medical Clearance required

≥ 6.5% to 8%- patient with detailed medical history will be considered on a case by case basis by the attending dentist using discretionary caution- may request a Medical Clearance.

A1C AND BLOOD GLUCOSE NORMAL, ELEVATED AND SEVERELY ELEVATED LEVEL CHARTS

SEVERELY ELEVATED	A1C LEVELS	GLUCOSE LEVELS
Levels. Risk of serious complications such as Heart Attack, Stroke, Blindness, Kidney failure, Amputations etc.	13	380
	12	345
	11	310
	10	275
ELEVATED and POORLY Controlled levels	9	240
	8	205
	* 7	170
NORMAL Levels	* 6	135
	5	100
	4	65

An A1C Diabetes test above **5.9** is considered Pre-Diabetic.

Under 7 is considered normal or "GOOD" if you already have Diabetes.

Stay under **5.9** to play safe to avoid Prediabetes and under **7** if you already have a Diabetic.

If you are in Elevated or Severely Elevated Levels above, or getting close to **5.9** Prediabetics level, it is extremely important that you **Lose weight, Exercise, and see a Doctor and Nutritionist!**

**GULF COAST STATE COLLEGE
DENTAL PROGRAMS
EMERGENCY CART CHECKLIST
YEAR _____**

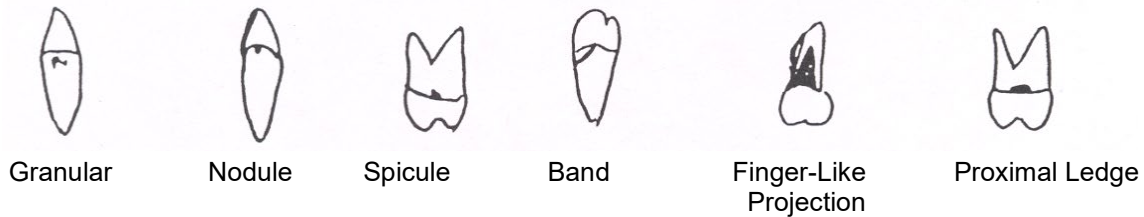
CONTENTS	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY
Emergency/First Aid Kit Area												
First Aid Kit												
O2 Cart												
AED												
Fire Blanket												
Spill Kit												
EMERGENCY CART												
TOP OF CART												
Automatic BP cuff												
Sphygmomanometer/Stethoscope												
Ambu bag												
Positive Flow O2 Mask												
Lexi-Comp Dental Office Medical Emergencies Manual												
Medical Emergencies Report Form/Clipboard												
CPR Summary												
DRAWER #1												
Albuterol (Ventolin) – 90mg Actuation inhaler												
Aspirin chewable -81 mg												
Nitroglycerin - 0.4 mg sublingual tablets												
DRAWER #2												
Antacid tablets												
Diphenhydramine – (Benadryl) Capsules – 25mg Liquid – 12.5 mg/5cc Injectable – 50mg/mL												
Insulin Syringes – 1 ml												
Epinephrine injectable (1mg/mL ampules)												

CONTENTS	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY
DRAWER #3												
Sugar packets												
Sugar tablets												
Glucose gel												
Ammonia inhalant ampules												
DRAWER #4												
Cold Pack												
Nasal Cannula												
Non-Rebreather Mask												
Blanket/ Thermal Blanket												
DRAWER #5												
Extra Ammonia inhalants												
Basin												
Flashlight												
Extra syringes												

Calculus & Periodontal Skill Levels

Adapted from Jill Nield-Gehrig

CALCULUS FORMATION; REFERENCE GUIDE



1. Calculus Deposits:

Classification		Description
Class 0	No/Slight Calculus	Requires little or no scaling
Class I	Simple	Supragingival calculus extending only slightly below the free gingival margin
Class II	Light/Moderate	Moderate amount of supragingival and subgingival calculus, or subgingival calculus only
Class III	Moderate	Abundance of supragingival and subgingival calculus, or subgingival calculus only
Class IV	Heavy	Generalized supragingival and subgingival ledges around cervical thirds of crowns and bands on most root surfaces

2. Periodontal Skill Level:

Classification	CAL/Probing Depths (PD)	Mobility	Description
Class 0	<4 mm	None	Healthy gingiva and/or light bleeding
Class I	CAL = 1-2 mm PD = 1-5 mm	None/Slight	Localized (≤ 4 surfaces of 4-5 mm) gingival/perio pockets; may include bleeding.
Class II	CAL = 1-2 mm PD = 1-5 mm	None/Slight	Generalized (≥ 5 surfaces of 4-5 mm) gingival/perio pockets; may include bleeding.
Class III	CAL = 3-4 mm PD = 1-7 mm	Slight/Moderate	Generalized (3-9 surfaces of 6-7 mm) gingival/perio pocket; may include bleeding furcations, and/or suppuration.
Class IV	CAL = ≥ 5 mm PD = 1-10 mm	Moderate/Heavy	Generalized (≥ 10 surfaces of 6+ mm) gingival/perio pockets; may include bleeding, furcations, and/or suppuration

ASA PHYSICAL STATUS CLASSIFICATION SYSTEM

Last approved by the ASA House of Delegates on October 15, 2014

Table 1: Current definitions (NO CHANGE) and Examples (NEW)

ASA PS Classification	Definition	Examples, including, but not limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30<BMI<40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (<3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes	
<p>*The addition of “E” denotes Emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)</p>		

Activities of Daily Living (ADLs) / Instrumental Activities of Daily Living (IADLs) Functional Levels

- Level 0** Ability to perform oral hygiene home care without assistance
- Level 1** Ability to perform oral hygiene home care with some human assistance; may need a device or mechanical aid but still independent.
- Level 2** Ability to perform oral hygiene care with partial assistance
- Level 3** Requires full assistance to perform oral hygiene home care

TABLE 24-3		Measures of Patient Functioning ^a
EXAMPLES OF ADLS	EXAMPLES OF IADLS	LEVELS
Brushing Flossing Applying interdental aids Feeding Ambulation (walking) Bathing Continence Communication Dressing Toileting Transfer (from bed to toilet) Grooming	Maintaining self-care regimens Ability to make and keep dental appointments Writing Cooking Shopping Climbing stairs Managing medication Reading Cleaning Using telephone	Level 0 Ability to perform the task without assistance Level 1 Ability to perform the task with some human assistance; may need a device or mechanical aid but or still independent Level 2 Ability to perform the task with partial assistance Level 3 Requires full assistance to perform the task; totally dependent
^a This scale provides a simple means of summarizing a person's ability to carry out the basic tasks needed for self-care.		

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Source:

Wilkins, E. M. *Clinical Practice of the Dental Hygienist*, 12th Ed., Lippincott, Williams, & Wilkins, 2017

Classification of Periodontal Disease and Conditions 2017

Periodontal Diseases and Conditions

1. Periodontal Health, Gingival Diseases and Conditions

<p><u>Periodontal Health and Gingival Health</u></p> <p>a. Clinical gingival health on an intact periodontium</p> <p>b. Clinical gingival health on a reduced but stable periodontium</p>	<p><u>Gingivitis: Dental Biofilm Induced</u></p> <p>a. Associated with dental biofilm alone</p> <p>b. Mediated by systemic or local factors</p> <p>c. Drug induced gingival enlargement</p>	<p><u>Gingival diseases – non-dental biofilm induced</u></p> <p>a. Genetic/developmental disorders</p> <p>b. Specific infections</p> <p>c. Inflammatory and immune conditions</p> <p>d. Reactive processes</p> <p>e. Neoplasms</p> <p>f. Endocrine, nutritional & metabolic diseases</p> <p>g. Traumatic lesions</p> <p>h. Gingival pigmentation</p>
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2. Periodontitis

<p><u>Necrotizing Periodontal Diseases</u></p> <p>a. Necrotizing Gingivitis</p> <p>b. Necrotizing Periodontitis</p> <p>c. Necrotizing Stomatitis</p>	<p><u>Periodontitis</u></p> <p>a. Stages:</p> <p>Stage I: Initial Periodontitis CAL 1-2 mm, RBL (<15%), no tooth loss</p> <p>Stage II: Moderate Periodontitis CAL 3-4 mm, RBL (15-33%), no tooth loss</p> <p>Stage III: Severe Periodontitis with potential for additional tooth loss CAL ≥5 mm, RBL: extends to middle 1/3rd & beyond, tooth loss ≤ 4</p> <p>Stage IV: with potential for loss of the dentition CAL ≥5 mm, RBL: extends to middle 1/3rd & beyond, tooth loss ≥ 5</p> <p>b. Extent and distribution: (L) Localized ≤30% of teeth (G) Generalized ≥30% of teeth (M/I) Molar-incisor distribution</p> <p>c. Grades:</p> <p>Grade A: Slow rate of progression (no loss over 5 yrs)</p> <p>Grade B: Moderate rate of progression (<2 mm over 5 yrs)</p> <p>Grade C: Rapid rate of progression (≥2 mm over 5 yrs)</p>	<p><u>Periodontitis as a manifestation of systemic diseases</u></p> <p>a. Systemic disorders that have a major impact on the loss of periodontal tissue by influencing periodontal inflammation</p> <p>i. Genetic disorders</p> <ul style="list-style-type: none"> • Diseases associated with immunologic disorders • Diseases affecting the oral mucosa and gingival tissue • Diseases affecting connective tissues' • Metabolic and endocrine disorders • Acquired immunodeficiency disease • Inflammatory diseases <p>b. Other systemic disorders that influence the pathogenesis of periodontal diseases</p> <p>i. Emotional stress and depression</p> <p>ii. Smoking (nicotine dependence)</p> <p>iii. Medications</p> <p>c. Systemic diseases that can result in loss of the periodontium independent of periodontitis</p> <p>i. Neoplasm</p> <p>ii. Other disorders that may affect periodontal tissues</p>
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3. Other Conditions Affecting the Periodontium

Systemic diseases or conditions affecting the periodontal supporting tissue	Periodontal Abscesses and Endodontic-Periodontal lesions	Mucogingival Deformities and Conditions	Traumatic Occlusal Forces	Tooth and Prosthesis related Factors
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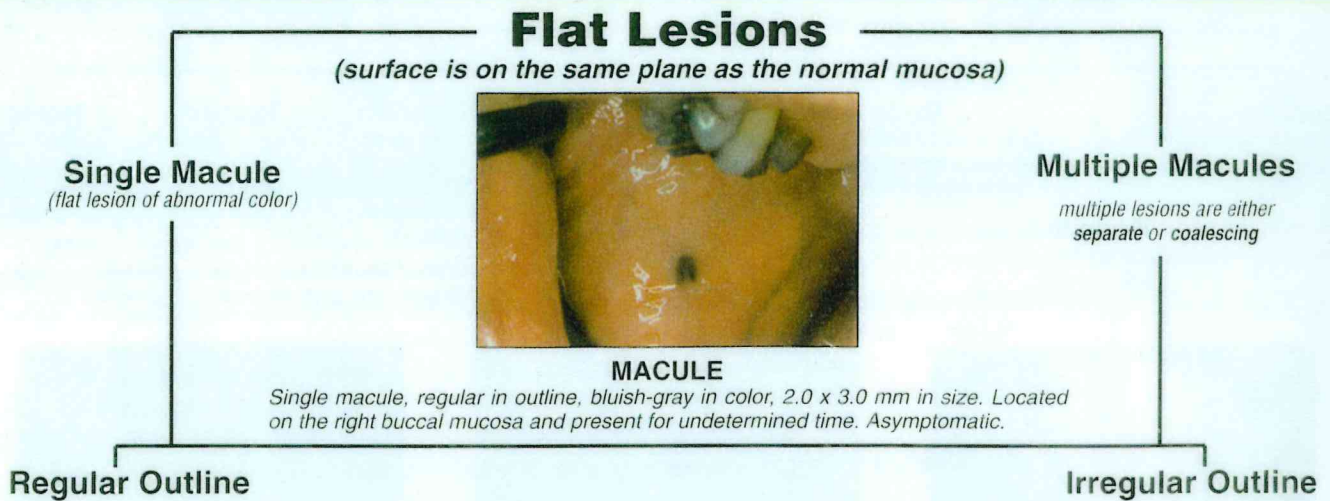
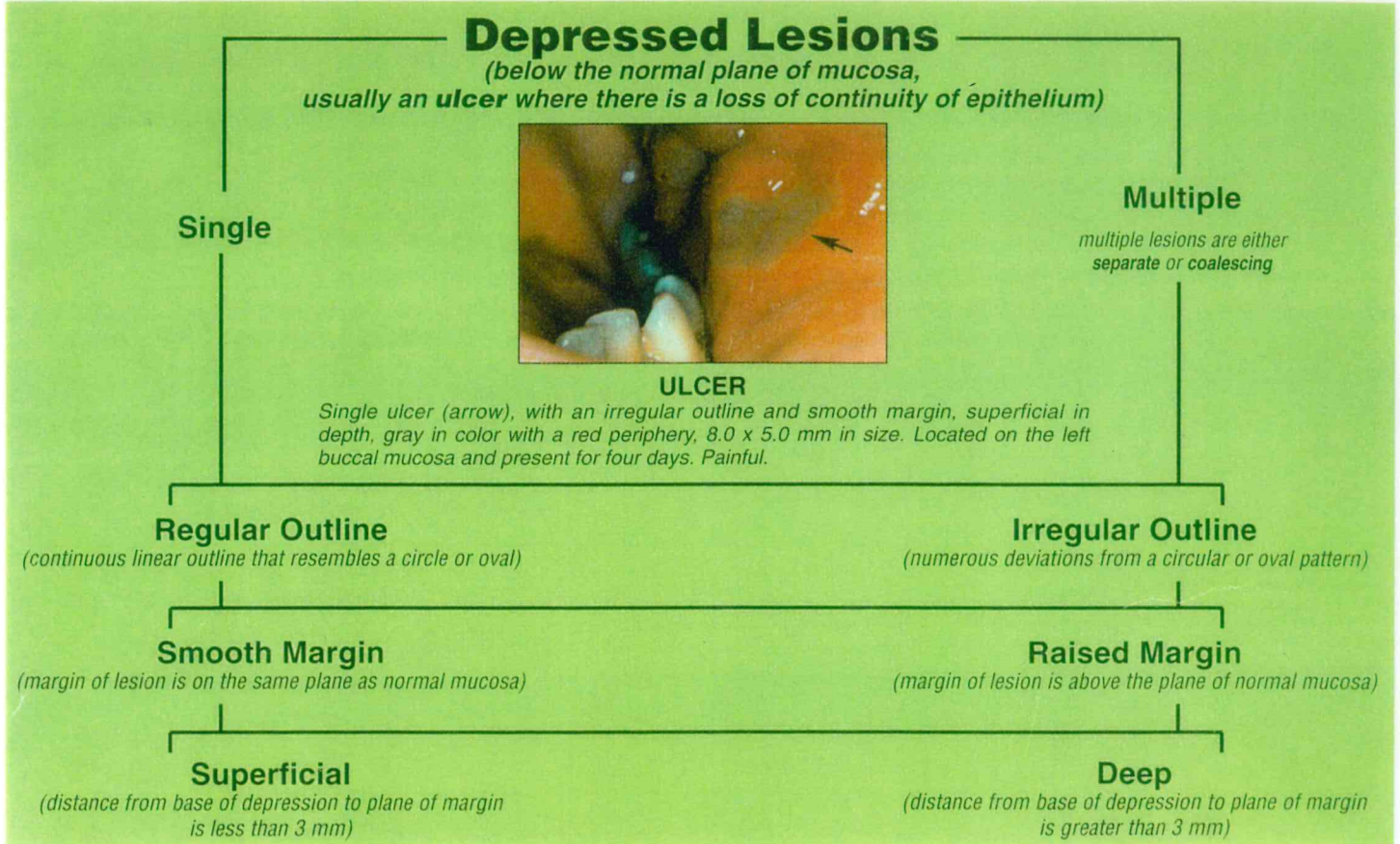
Peri-Implant Diseases and Conditions

Peri- Implant Health	Peri-Implant Mucositis	Peri-Implantitis	Peri-Implant Soft and Hard Tissue Deficiencies
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Source: Caton J, Armitage G, Berlundh T, et al. A new classification scheme for periodontal and peri-implant diseases and conditions – Introduction and key changes from 1999 classification. J Periodontol. 2018;89(Suppl 1):S1-S8 <http://doi.org/10.1002/JPER.18-0157>

REDI-REFERENCE

Describing Soft Tissue Lesions of the Oral Cavity



Terms Describing Surface Texture of Lesions

				
Verrucous (wart-like)	Papillomatous (cauliflower-like)	Fissured (cracked)	Corrugated (wrinkled)	Crusted (dry or scab-like)

Clip this Redi-Reference page and save it by placing it in a three-ring binder. To ensure infection control, consider placing the pages in protective plastic sheets for easy disinfection procedures.

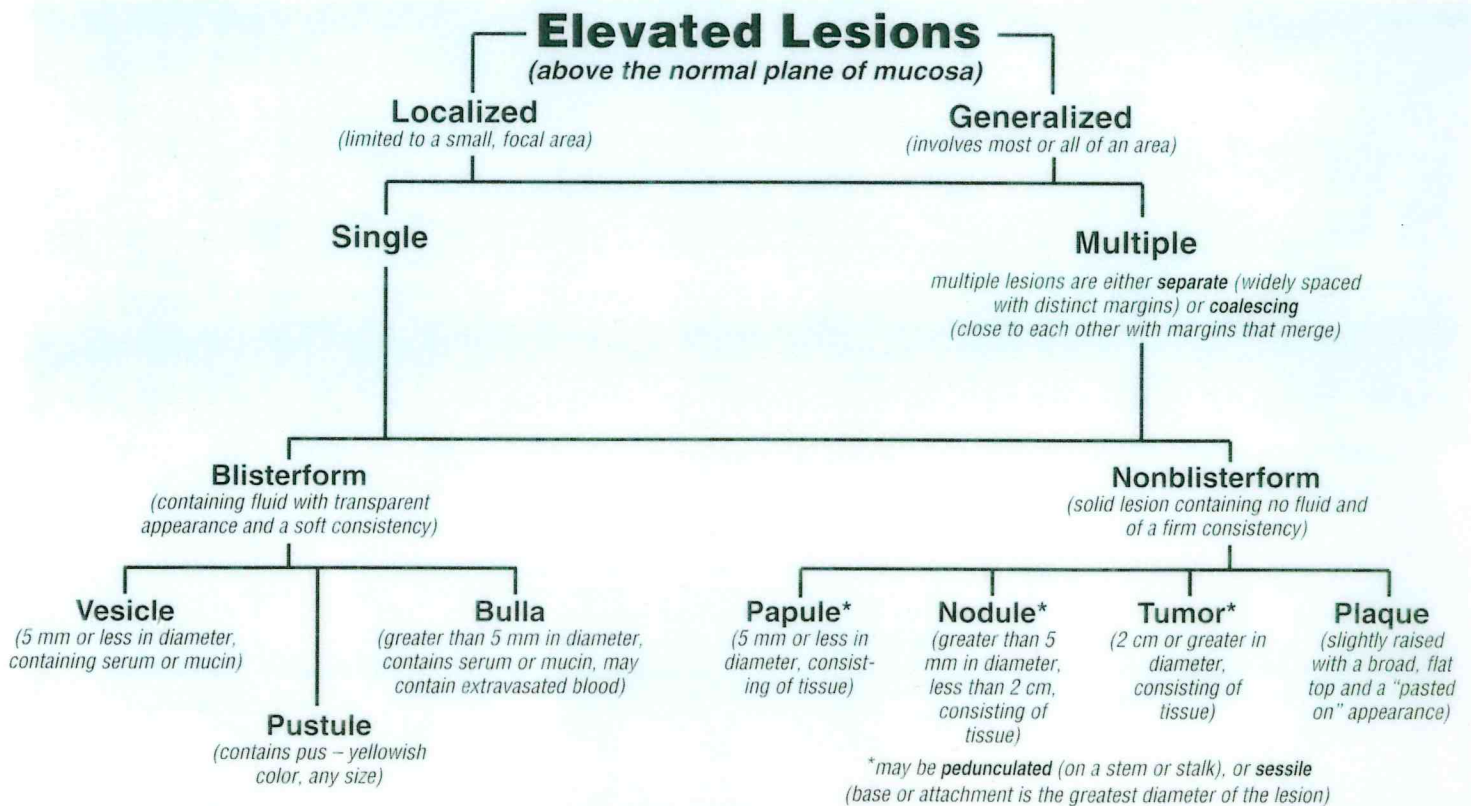
REDI-REFERENCE

Describing Soft Tissue Lesions of the Oral Cavity

Complete tissue lesion description includes size, color, morphology, location, and history. Each descriptive element should include:

- SIZE:** length, width, and sometimes height, measured with a periodontal probe
- COLOR:** as it appears with either single color (red or white) or multiple colors
- MORPHOLOGY:** shape, arrangement, consistency, and surface texture
- LOCATION:** describe as specifically as possible, stating structures in close proximity
- HISTORY:** duration of lesion and symptoms, including notations of habits such as tobacco use

The following tables include all the necessary terms to describe the morphology of oral lesions. Determine if the lesion is elevated, flat, or depressed and use the appropriate table with indicated terms. Surface texture should additionally be described if it is abnormal.



VESICLE

Localized, single vesicle, bluish-translucent in color, 15 x 5.0 x 5.0 mm in size. Located on the lower lip, left of the midline. Present for six months. Fluctuant.



NODULE

Localized, single sessile nodule, pink in color, 18 x 10 x 10 mm in size. Located on the left anterior buccal mucosa and present for six months. Asymptomatic.

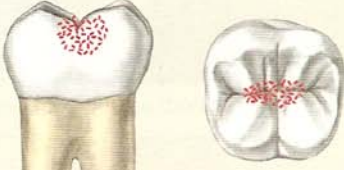



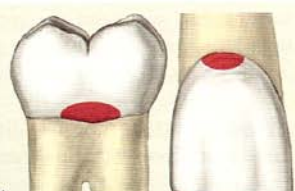
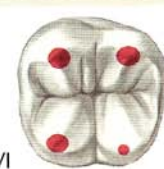


PLAQUE

Localized, single plaque with a corrugated surface, white in color, 20 x 10 mm in size. Located on the anterior floor of the mouth. History of heavy smoking and drinking.

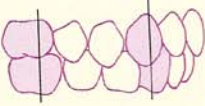
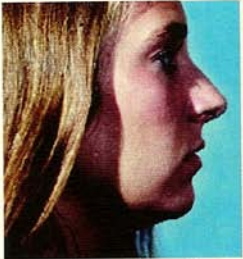
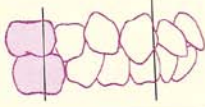
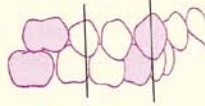

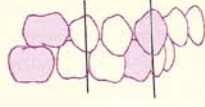
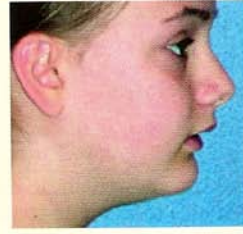
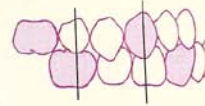

Black's Classification of Dental Caries and Restorations

Black's Classification of Dental Caries and Restorations

Classification	Description
 <p>Class I</p>	<p>Caries or restoration in the pits and fissures on the occlusal surfaces of molars and premolars, facial (buccal) or lingual pits and molars, and lingual pits of maxillary incisors</p>
 <p>Class II</p>	<p>Caries or restoration on the proximal (mesial or distal) surfaces of the premolars and molars involving two or more surfaces</p>
 <p>Class III</p>	<p>Caries or restoration on the proximal (mesial or distal) surfaces of incisors and canines</p>
 <p>Class IV</p>	<p>Caries or restoration on the proximal (mesial or distal) surfaces of incisors and canines and also involving the incisal angle</p>
 <p>Class V</p>	<p>Caries or restoration on the gingival third of the facial or lingual surfaces of any tooth</p>
 <p>Class VI</p>	<p>Caries or restoration on the incisal edge of anterior teeth or the cusp tips of posterior teeth</p>

Figures from Robinson DS, Bird DL: *Essentials of dental assisting*, ed 4, St Louis, 2007, Saunders.

Angles Classification

Occlusal Relationships in Centric Occlusion	Molar Relationships	Canine Relationships	Anterior Relationships	Face Profile
<p>Normal occlusion</p> 	<p>MB cusp of the maxillary first molar occludes with the MB groove of the mandibular first molar</p>	<p>Maxillary canine occludes with the distal half of the mandibular canine and the mesial half of the mandibular first premolar</p>	<p>No dental malalignments present, such as crowding or spacing</p>	 <p>Mesognathic profile</p>
<p>Class I malocclusion</p> 	<p>Same as above but malpositions of individual or groups of teeth may occur</p>	<p>Same as above but malpositions of individual or groups of teeth may occur</p>	<p>Dental malalignments present, such as crowding or spacing</p>	<p>Same as above</p>
<p>Class II division 1 Distal occlusion</p> 	<p>MB cusp of the maxillary first molar occludes (by more than the width of a premolar) mesial to the MB groove of the mandibular first molar</p>	<p>Distal surface of the mandibular canine is mesial to the mesial surface of the maxillary canine by at least the width of a premolar</p>	<p>Maxillary anteriors protrude facially from the mandibular anteriors, with deep overbite</p>	 <p>Retrognathic profile with lip incompetence</p>
<p>Class II Division 2</p> 	<p>Same as Class II division 1</p>	<p>Same as Class II division 1</p>	<p>Maxillary central incisors are upright or retruded, and lateral incisors are tipped labially or overlap the central incisors with deep overbite</p>	 <p>Retrognathic profile</p>
<p>Class III occlusion</p> 	<p>MB cusp of the maxillary first molar occludes (by more than the width of a premolar) distal to the MB groove of the mandibular first molar</p>	<p>Distal surface of the mandibular canine is distal to the mesial surface of the maxillary canine by at least the width of a premolar</p>	<p>Mandibular incisors in complete crossbite</p>	 <p>Prognathic profile</p>

DENTAL RADIOGRAPHIC EXAMINATIONS: RECOMMENDATIONS FOR PATIENT SELECTION AND LIMITING RADIATION EXPOSURE

REVISED: 2012

**AMERICAN DENTAL ASSOCIATION
Council on Scientific Affairs**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Food and Drug Administration**

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DENTAL RADIOGRAPHIC EXAMINATIONS: RECOMMENDATIONS FOR PATIENT SELECTION AND LIMITING RADIATION EXPOSURE

BACKGROUND

The dental profession is committed to delivering the highest quality of care to each of its individual patients and applying advancements in technology and science to continually improve the oral health status of the U.S. population. These guidelines were developed to serve as an adjunct to the dentist's professional judgment of how to best use diagnostic imaging for each patient. Radiographs can help the dental practitioner evaluate and definitively diagnose many oral diseases and conditions. However, the dentist must weigh the benefits of taking dental radiographs against the risk of exposing a patient to x-rays, the effects of which accumulate from multiple sources over time. The dentist, knowing the patient's health history and vulnerability to oral disease, is in the best position to make this judgment in the interest of each patient. For this reason, the guidelines are intended to serve as a resource for the practitioner and are not intended as standards of care, requirements or regulations.

The guidelines are not substitutes for clinical examinations and health histories. The dentist is advised to conduct a clinical examination, consider the patient's signs, symptoms and oral and medical histories, as well as consider the patient's vulnerability to environmental factors that may affect oral health. This diagnostic and evaluative information may determine the type of imaging to be used or the frequency of its use. Dentists should only order radiographs when they expect that the additional diagnostic information will affect patient care.

Based on this premise, the guidelines can be used by the dentist to optimize patient care, minimize radiation exposure and responsibly allocate health care resources.

This document deals only with standard dental imaging techniques of intraoral and common extraoral examinations, excluding cone-beam computed tomography (CBCT). At this time the indications for CBCT examinations are not well developed. The ADA Council on Scientific Affairs has developed a statement on use of CBCT.¹

INTRODUCTION

The guidelines titled, "The Selection of Patients for X-Ray Examination" were first developed in 1987 by a panel of dental experts convened by the Center for Devices and Radiological Health of the U.S. Food and Drug Administration (FDA). The development of the guidelines at that time was spurred by concern about the U.S. population's total exposure to radiation from all sources. Thus, the guidelines were developed to promote the appropriate use of x-rays. In 2002, the American Dental Association, recognizing that dental technology and science continually advance, recommended to the FDA that

the guidelines be reviewed for possible updating. The FDA welcomed organized dentistry's interest in maintaining the guidelines, and so the American Dental Association, in collaboration with a number of dental specialty organizations and the FDA, published updated guidelines in 2004. This report updates the 2004 guidelines and includes recommendations for limiting exposure to radiation.

PATIENT SELECTION CRITERIA

Radiographs and other imaging modalities are used to diagnose and monitor oral diseases, as well as to monitor dentofacial development and the progress or prognosis of therapy. Radiographic examinations can be performed using digital imaging or conventional film. The available evidence suggests that either is a suitable diagnostic method.²⁻⁴ Digital imaging may offer reduced radiation exposure and the advantage of image analysis that may enhance sensitivity and reduce error introduced by subjective analysis.⁵

A study of 490 patients found that basing selection criteria on clinical evaluations for asymptomatic patients, combined with selected periapical radiographs for symptomatic patients, can result in a 43 percent reduction in the number of radiographs taken without a clinically consequential increase in the rate of undiagnosed disease.^{6,7} The development and progress of many oral conditions are associated with a patient's age, stage of dental development, and vulnerability to known risk factors. Therefore, the guidelines in Table 1 are presented within a matrix of common clinical and patient factors, which may determine the type(s) of radiographs that is commonly needed. The guidelines assume that diagnostically adequate radiographs can be obtained. If not, appropriate management techniques should be used after consideration of the relative risks and benefits for the patient.

Along the horizontal axis of the matrix, patient age categories are described, each with its usual dental developmental stage: child with primary dentition (prior to eruption of the first permanent tooth); child with transitional dentition (after eruption of the first permanent tooth); adolescent with permanent dentition (prior to eruption of third molars); adult who is dentate or partially edentulous; and adult who is edentulous.

Along the vertical axis, the type of encounter with the dental system is categorized (as "New Patient" or "Recall Patient") along with the clinical circumstances and oral diseases that may be present during such an encounter. The "New Patient" category refers to patients who are new to the dentist, and thus are being evaluated by the dentist for oral disease and for the status of dental development. Typically, such a patient receives a comprehensive evaluation or, in some cases, a limited evaluation for a specific problem. The "Recall Patient" categories describe patients who have had a recent comprehensive evaluation by the dentist and, typically, have returned as a patient of record for a periodic evaluation or for treatment. However, a "Recall Patient" may also return for a limited evaluation of a specific problem, a detailed and extensive evaluation for a specific problem(s), or a comprehensive evaluation.

Both categories are marked with a single asterisk that corresponds to a footnote that appears below the matrix; the footnote lists “Positive Historical Findings” and “Positive Clinical Signs/Symptoms” for which radiographs may be indicated. The lists are not intended to be all-inclusive, rather they offer the clinician further guidance on clarifying his or her specific judgment on a case.

The clinical circumstances and oral diseases that are presented with the types of encounters include: clinical caries or increased risk for caries; no clinical caries or no increased risk for caries; periodontal disease or a history of periodontal treatment; growth and development assessment; and other circumstances. A few examples of “Other Circumstances” proposed are: existing implants, other dental and craniofacial pathoses, endodontic/restorative needs and remineralization of dental caries. These examples are not intended to be an exhaustive list of circumstances for which radiographs or other imaging may be appropriate.

The categories, “Clinical Caries or Increased Risk for Caries” and “No Clinical Caries and No Increased Risk for Caries” are marked with a double asterisk that corresponds to a footnote that appears below the matrix; the footnote contains links to the ADA Caries Risk Assessment Forms ([0 – 6 years of age](#) and [over 6 years of age](#)). It should be noted that a patient’s risk status can change over time and should be periodically reassessed.⁸

The panel also has made the following recommendations that are applicable to all categories:

1. Intraoral radiography is useful for the evaluation of dentoalveolar trauma. If the area of interest extends beyond the dentoalveolar complex, extraoral imaging may be indicated.
2. Care should be taken to examine all radiographs for any evidence of caries, bone loss from periodontal disease, developmental anomalies and occult disease.
3. Radiographic screening for the purpose of detecting disease before clinical examination should not be performed. A thorough clinical examination, consideration of the patient history, review of any prior radiographs, caries risk assessment and consideration of both the dental and the general health needs of the patient should precede radiographic examination.⁹⁻¹⁵

In the practice of dentistry, patients often seek care on a routine basis in part because oral disease may develop in the absence of clinical symptoms. Since attempts to identify specific criteria that will accurately predict a high probability of finding interproximal carious lesions have not been successful for individuals, it was necessary to recommend time-based schedules for making radiographs intended primarily for the detection of dental caries. Each schedule provides a range of recommended intervals that are derived from the results of research into the rates at which interproximal caries progresses through tooth enamel. The recommendations also are modified by criteria that place an individual at an increased risk for dental caries. Professional judgment

should be used to determine the optimum time for radiographic examination within the suggested interval.

RECOMMENDATIONS FOR PRESCRIBING DENTAL RADIOGRAPHS

These recommendations are subject to clinical judgment and may not apply to every patient. They are to be used by dentists only after reviewing the patient's health history and completing a clinical examination. Even though radiation exposure from dental radiographs is low, once a decision to obtain radiographs is made it is the dentist's responsibility to follow the ALARA Principle (As Low as Reasonably Achievable) to minimize the patient's exposure.

Table 1.

TYPE OF ENCOUNTER	PATIENT AGE AND DENTAL DEVELOPMENTAL STAGE				
	Child with Primary Dentition (prior to eruption of first permanent tooth)	Child with Transitional Dentition (after eruption of first permanent tooth)	Adolescent with Permanent Dentition (prior to eruption of third molars)	Adult, Dentate or Partially Edentulous	Adult, Edentulous
New Patient* being evaluated for oral diseases	Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic exam at this time.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment.		Individualized radiographic exam, based on clinical signs and symptoms.
Recall Patient* with clinical caries or at increased risk for caries**	Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe			Posterior bitewing exam at 6-18 month intervals	Not applicable
Recall Patient* with no clinical caries and not at increased risk for caries**	Posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe		Posterior bitewing exam at 18-36 month intervals	Posterior bitewing exam at 24-36 month intervals	Not applicable

TYPE OF ENCOUNTER (continued)	Child with Primary Dentition (prior to eruption of first permanent tooth)	Child with Transitional Dentition (after eruption of first permanent tooth)	Adolescent with Permanent Dentition (prior to eruption of third molars)	Adult, Dentate and Partially Edentulous	Adult, Edentulous
Recall Patient* with periodontal disease	Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically.				Not applicable
Patient (New and Recall) for monitoring of dentofacial growth and development, and/or assessment of dental/skeletal relationships	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development or assessment of dental and skeletal relationships		Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development, or assessment of dental and skeletal relationships. Panoramic or periapical exam to assess developing third molars	Usually not indicated for monitoring of growth and development. Clinical judgment as to the need for and type of radiographic image for evaluation of dental and skeletal relationships.	
Patient with other circumstances including, but not limited to, proposed or existing implants, other dental and craniofacial pathoses, restorative/endodontic needs, treated periodontal disease and caries remineralization	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of these conditions				

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

A. Positive Historical Findings

1. Previous periodontal or endodontic treatment
2. History of pain or trauma
3. Familial history of dental anomalies

4. Postoperative evaluation of healing
5. Remineralization monitoring
6. Presence of implants, previous implant-related pathosis or evaluation for implant placement

B. Positive Clinical Signs/Symptoms

1. Clinical evidence of periodontal disease
2. Large or deep restorations
3. Deep carious lesions
4. Malposed or clinically impacted teeth
5. Swelling
6. Evidence of dental/facial trauma
7. Mobility of teeth
8. Sinus tract ("fistula")
9. Clinically suspected sinus pathosis
10. Growth abnormalities
11. Oral involvement in known or suspected systemic disease
12. Positive neurologic findings in the head and neck
13. Evidence of foreign objects
14. Pain and/or dysfunction of the temporomandibular joint
15. Facial asymmetry
16. Abutment teeth for fixed or removable partial prosthesis
17. Unexplained bleeding
18. Unexplained sensitivity of teeth
19. Unusual eruption, spacing or migration of teeth
20. Unusual tooth morphology, calcification or color
21. Unexplained absence of teeth
22. Clinical tooth erosion
23. Peri-implantitis

****Factors increasing risk for caries may be assessed using the ADA Caries Risk Assessment forms ([0 – 6 years of age](#) and [over 6 years of age](#)).**

EXPLANATION OF RECOMMENDATIONS FOR PRESCRIBING DENTAL RADIOGRAPHS

The explanation below presents the rationale for each recommendation by type of encounter and patient age and dental developmental stages.

New Patient Being Evaluated for Oral Diseases

Child (Primary Dentition)

Proximal carious lesions may develop after the interproximal spaces between posterior primary teeth close. Open contacts in the primary dentition will allow a dentist to visually inspect the proximal posterior surfaces. Closure of proximal contacts requires radiographic assessment.¹⁶⁻¹⁸ However, evidence suggests that many of these lesions will remain in the enamel for at least 12 months or longer depending on fluoride exposure, allowing sufficient time for implementation and evaluation of preventive interventions.¹⁹⁻²¹ A periapical/anterior occlusal examination may be indicated because of the need to evaluate dental development, dentoalveolar trauma, or suspected pathoses. Periapical and bitewing radiographs may be required to evaluate pulp pathosis in primary molars.

Therefore, an individualized radiographic examination consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be examined visually or with a probe is recommended. Patients without evidence of disease and with open proximal contacts may not require radiographic examination at this time.

Child (Transitional Dentition)

Overall dental caries in the primary teeth of children from 2-11 years of age declined from the early 1970s until the mid 1990s.²²⁻²⁴ From the mid 1990s until the 1999-2004 National Health and Nutrition Examination Survey, there was a small but significant increase in primary decay. This trend reversal was larger for younger children. Tooth decay affects more than one-fourth of U.S. children aged 2–5 years and half of those aged 12-15 years; however, its prevalence is not uniformly distributed. About half of all children and two-thirds of adolescents aged 12–19 years from lower-income families have had decay.²⁵

Children and adolescents of some racial and ethnic groups and those from lower-income families have more untreated tooth decay. For example, 40 percent of Mexican American children aged 6–8 years have untreated decay, compared with 25 percent of non-Hispanic whites.²⁵ It is, therefore, important to consider a child's risk factors for caries before taking radiographs.

Although periodontal disease is uncommon in this age group,²⁶ when clinical evidence exists (except for nonspecific gingivitis), selected periapical and bitewing radiographs are indicated to determine the extent of aggressive periodontitis, other forms of uncontrolled periodontal disease and the extent of osseous destruction related to metabolic diseases.^{27,28}

A periapical or panoramic examination is useful for evaluating dental development. A panoramic radiograph also is useful for the evaluation of craniofacial trauma.^{15,29,30} Intraoral radiographs are more accurate than panoramic radiographs for the evaluation of dentoalveolar

trauma, root shape, root resorption^{31,32} and pulp pathosis. However, panoramic examinations may have the advantage of reduced radiation dose, cost and imaging of a larger area.

Occlusal radiographs may be used separately or in combination with panoramic radiographs in the following situations: 1. unsatisfactory image in panoramic radiographs due to abnormal incisor relationship, 2. localizations of tooth position, and 3. when clinical grounds provide a reasonable expectation that pathosis exists.³²⁻³⁴

Therefore, an individualized radiographic examination consisting of posterior bitewings with panoramic examination or posterior bitewings and selected periapical images is recommended.

Adolescent (Permanent Dentition)

Caries in permanent teeth declined among adolescents, while the prevalence of dental sealants increased significantly.³⁵ However, increasing independence and socialization, changing dietary patterns, and decreasing attention to daily oral hygiene can characterize this age group. Each of these factors may result in an increased risk of dental caries. Another consideration, although uncommon, is the increased incidence of periodontal disease found in this age group compared to children.³⁶

Panoramic radiography is effective in dental diagnosis and treatment planning.^{30,37,38} Specifically, the status of dental development can be assessed using panoramic radiography.³⁹ Occlusal and/or periapical radiographs can be used to detect the position of an unerupted or supernumerary tooth.⁴⁰⁻⁴² Third molars also should be evaluated in this age group for their presence, position, and stage of development.

Therefore, an individualized radiographic examination consisting of posterior bitewings with panoramic examination or posterior bitewings and selected periapical images is recommended. A full mouth intraoral radiographic examination is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment.

Adult (Dentate or Partially Edentulous)

The overall dental caries experience of the adult population has declined from the early 1970s until the most recent (1999-2004) National Health and Nutrition Examination Survey.⁴³ However, risk for dental caries exists on a continuum and changes over time as risk factors change.⁴⁴ Therefore, it is important to evaluate proximal surfaces in the new adult patient for carious lesions. In addition, it is important to examine patients for recurrent dental caries.

The incidence of root surface caries increases with age.⁴⁵ Although bitewing radiographs can assist in detecting root surface caries in proximal areas, the usual method of detecting root surface caries is by clinical examination.⁴⁶

The incidence of periodontal disease increases with age.⁴⁷ Although new adult patients may not have symptoms of active periodontal disease, it is important to evaluate previous experience with periodontal disease and/or treatment. Therefore, a high percentage of adults may require selected intraoral radiographs to determine the current status of the disease.

Taking posterior bitewing radiographs of new adult patients was found to reduce the number of radiological findings and the diagnostic yield of panoramic radiography.^{48,49} In addition, the following clinical indicators for panoramic radiography were identified as the best predictors for useful diagnostic yield: suspicion of teeth with periapical pathologic conditions, presence of partially erupted teeth, caries lesions, swelling, and suspected unerupted teeth.⁵⁰

Therefore, an individualized radiographic examination, consisting of posterior bitewings with selected periapical images or panoramic examination when indicated is recommended. A full mouth intraoral radiographic examination is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment.

Adult (Edentulous)

The clinical and radiographic examinations of edentulous patients generally occur during an assessment of the need for prostheses. The most common pathological conditions detected are impacted teeth and retained roots with and without associated disease.⁵¹ Other less common conditions also may be detected: bony spicules along the alveolar ridge, residual cysts or infections, developmental abnormalities of the jaws, intraosseous tumors, and systemic conditions affecting bone metabolism.

The original recommendations for this group called for a full-mouth intraoral radiographic examination or a panoramic examination for the new, edentulous adult patient. Firstly, this recommendation was made because examinations of edentulous patients generally occur during an assessment of the need for prostheses. Secondly, the original recommendation considered edentulous patients to be at increased risk for oral disease.

Studies have found that from 30 to 50 percent of edentulous patients exhibited abnormalities in panoramic radiographs.⁵¹⁻⁵⁵ In addition, the radiographic examination revealed anatomic considerations that could influence prosthetic treatment, such as the location of the mandibular canal, the position of the mental foramen and maxillary sinus, and relative thickness of the soft tissue covering the edentulous ridge.^{51,53,55} However, in studies that considered treatment outcomes, there was little evidence to support screening radiography for new edentulous patients. For example, one study reported that less than 4 percent of such findings resulted in treatment modification before denture fabrication, and another showed no difference in post-denture delivery complaints in patients who did not receive screening pretreatment radiographs.^{54,56}

This panel concluded that prescription of radiographs is appropriate as part of the initial assessment of edentulous areas for possible prosthetic treatment. A full mouth series of periapical radiographs or a combination of panoramic, occlusal or other extraoral radiographs may be used to achieve diagnostic and therapeutic goals. Particularly with the option of dental implant therapy for edentulous patients,⁵⁷ radiographs can be an important aid in diagnosis, prognosis, and the determination of treatment complexity.

Therefore, an individualized radiographic examination, based on clinical signs, symptoms, and treatment plan is recommended.

Recall Patient with Clinical Caries or Increased Risk for Caries

Child (Primary and Transitional Dentition) and Adolescent (Permanent Dentition)

Clinically detectable dental caries may suggest the presence of proximal carious lesions that can only be detected with a radiographic examination. In addition, patients who are at increased risk for developing dental caries because of such factors as poor oral hygiene, high frequency of exposure to sucrose-containing foods, and deficient fluoride intake (see caries risk assessment forms, [0 – 6 years of age](#) and [over 6 years of age](#)) are more likely to have proximal carious lesions.

The bitewing examination is the most efficient method for detecting proximal lesions.^{16,18,58} The frequency of radiographic recall should be determined on the basis of caries risk assessment.^{15,59,60} It should be noted that a patient's caries risk status may change over time and that an individual's radiographic recall interval may need to be changed accordingly.⁶¹

Therefore, a posterior bitewing examination is recommended at 6 to 12 month intervals if proximal surfaces cannot be examined visually or with a probe.

Adult (Dentate and Partially Edentulous)

Adults who exhibit clinical dental caries or who have other increased risk factors should be monitored carefully for any new or recurrent lesions that are detectable only by radiographic examination. The frequency of radiographic recall should be determined on the basis of caries risk assessment.^{15,59,60} It should be noted that a patient's risk status can change over time and that an individual's radiographic recall interval may need to be changed accordingly.⁶¹

Therefore, a posterior bitewing examination is recommended at 6 to 18 month intervals.

Recall Patient (Edentulous Adult)

A study that assessed radiographs of edentulous recall patients showed that previously detected incidental findings did not progress and that no intervention was indicated.⁶² The data suggest that patients who receive continuous dental care do not exhibit new findings that require treatment.

An examination for occult disease in this group cannot be justified on the basis of prevalence, morbidity, mortality, radiation dose, and cost.⁵³⁻⁵⁵

Therefore, no radiographic examination is recommended without evidence of disease.

Recall Patient with No Clinical Caries and No Increased Risk for Caries

Child (Primary and Transitional Dentition)

Despite the general decline in dental caries activity, recent data show that subgroups of children have a higher caries experience than the overall population.^{63,64} The identification of

patients in these subgroups may be difficult on an individual basis. For children who present for recall examination without evidence of clinical caries and who are not considered at increased risk for the development of caries, it remains important to evaluate proximal surfaces by radiographic examination. In primary teeth the caries process can take approximately one year to progress through the outer half of the enamel and about another year through the inner half.^{20,65-68} Considering this rate of progression of carious lesions through primary teeth, a time-based interval of radiographic examinations from one to two years for this group appears appropriate. The prevalence of carious lesions has been shown to increase during the stage of transitional dentition.^{25,69} Children under routine professional care would be expected to be at a lower risk for caries. Nevertheless, newly erupted teeth are at risk for the development of dental caries.

Therefore, a radiographic examination consisting of posterior bitewings is recommended at intervals of 12 to 24 months if proximal surfaces cannot be examined visually or with a probe.

Adolescent (Permanent Dentition)

Adolescents with permanent dentition, who are free of clinical dental caries and factors that would place them at increased risk for developing dental caries, should be monitored carefully for development of proximal carious lesions, which may only be detected by radiographic examination. The caries process, on average, takes more than three years to progress through the enamel.^{20,65-68} However, evidence suggests that the enamel of permanent teeth undergoes posteruptive maturation and that young permanent teeth are susceptible to faster progression of carious lesions.⁷⁰⁻⁷³

Therefore, a radiographic examination consisting of posterior bitewings is recommended at intervals of 18 to 36 months.

Adult (Dentate and Partially Edentulous)

Adult dentate patients, who receive regularly scheduled professional care and are free of signs and symptoms of oral disease, are at a low risk for dental caries. Nevertheless, consideration should be given to the fact that caries risk can vary over time as risk factors change. Advancing age and changes in diet, medical history and periodontal status may increase the risk for dental caries.

Therefore, a radiographic examination consisting of posterior bitewings is recommended at intervals of 24 to 36 months.

Recall Patient with Periodontal Disease

Child (Primary and Transitional Dentition), Adolescent (Permanent Dentition), and Adult (Dentate and Partially Edentulous)

The decision to obtain radiographs for patients who have clinical evidence or a history of periodontal disease/treatment should be determined on the basis of the anticipation that important diagnostic and prognostic information will result. Structures or conditions to be assessed should include the level of supporting alveolar bone, condition of the interproximal bony crest, length and shape of roots, bone loss in furcations, and calculus deposits. The

frequency and type of radiographic examinations for these patients should be determined on the basis of a clinical examination of the periodontium and documented signs and symptoms of periodontal disease. The procedure for prescribing radiographs for the follow-up/recall periodontal patient would be to use selected intraoral radiographs to verify clinical findings on a patient-by-patient basis.^{28,74}

Therefore, it is recommended that clinical judgment be used in determining the need for, and type of radiographic images necessary for, 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.

Patient (New and Recall) for Monitoring of Dentofacial Growth and Development, and/or Assessment of Dental/Skeletal Relationships

Child (Primary and Transitional Dentition)

For children with primary dentition, before the eruption of the first permanent tooth, radiographic examination to assess growth and development in the absence of clinical signs or symptoms is unlikely to yield productive information. Any abnormality of growth and development suggested by clinical findings should be evaluated radiographically on an individual basis. After eruption of the first permanent tooth, the child may have a radiographic examination to assess growth and development. This examination need not be repeated unless dictated by clinical signs or symptoms. Cephalometric radiographs may be useful for assessing growth, and/or dental and skeletal relationships.

Therefore, it is recommended that clinical judgment be used in determining the need for, and type of radiographic images necessary for, evaluation and/or monitoring of dentofacial growth and development, or assessment of dental and skeletal relationships.

Adolescent (Permanent Dentition)

During adolescence there is often a need to assess the growth status and/or the dental and skeletal relationships of patients in order to diagnose and treat their malocclusion. Appropriate radiographic assessment of the malocclusion should be determined on an individual basis.

An additional concern relating to growth and development for patients in this age group is to determine the presence, position and development of third molars. This determination can best be made by the use of selected periapical images or a panoramic examination, once the patient is in late adolescence (16 to 19 years of age).

Therefore, it is recommended that clinical judgment be used in determining the need for, and type of radiographic images necessary for, evaluation and/or monitoring of dentofacial growth and development, or assessment of dental and skeletal relationships. Panoramic or periapical examination may be used to assess developing third molars.

Adult (Dentate, Partially Edentulous and Edentulous)

In the absence of any clinical signs or symptoms suggesting abnormalities of growth and development in adults, no radiographic examinations are indicated for this purpose.

Therefore, in the absence of clinical signs and symptoms, no radiographic examination is recommended.

Patients with Other Circumstances

(including, but not limited to, proposed or existing implants, other dental and craniofacial pathoses, restorative/endodontic needs, treated periodontal disease and caries remineralization)

All Patient Categories

The use of imaging, as a diagnostic and evaluative tool, has progressed beyond the longstanding need to diagnose caries and evaluate the status of periodontal disease. The expanded technology in imaging is now used to diagnose other orofacial clinical conditions and evaluate treatment options. A few examples of other clinical circumstances are the use of imaging for dental implant treatment planning, placement, or evaluation; the monitoring of dental caries and remineralization; the assessment of restorative and endodontic needs; and the diagnosis of soft and hard tissue pathoses.

Therefore it is recommended that clinical judgment be used in determining the need for, and type of radiographic images necessary for, evaluation and/or monitoring in these circumstances.

LIMITING RADIATION EXPOSURE

Dental radiographs account for approximately 2.5 percent of the effective dose received from medical radiographs and fluoroscopies.⁷⁵ Even though radiation exposure from dental radiographs is low, once a decision to obtain radiographs is made it is the dentist's responsibility to follow the ALARA Principle (As Low as Reasonably Achievable) to minimize the patient's exposure. Examples of good radiologic practice include

- use of the fastest image receptor compatible with the diagnostic task (F-speed film or digital);
- collimation of the beam to the size of the receptor whenever feasible;
- proper film exposure and processing techniques;
- use of protective aprons and thyroid collars, when appropriate; and
- limiting the number of images obtained to the minimum necessary to obtain essential diagnostic information.

RECEPTOR SELECTION

The American National Standards Institute and the International Organization for Standardization have established standards for film speed.^{76,77} Film speeds available for dental radiography are D-speed, E-speed and F-speed, with D-speed being the slowest and F-speed the fastest. According to the U.S. Food and Drug Administration, switching from D to E speed can produce a 30 to 40 percent reduction in radiation exposure.⁷⁸ The use of F-speed film can reduce exposure 20 to 50 percent compared to use of E-speed film, without compromising diagnostic quality.⁷⁹⁻⁸⁵

Exposure of extraoral films such as panoramic radiographs requires intensifying screens to minimize radiation exposure to patients. The intensifying screen consists of layers of phosphor crystals that fluoresce when exposed to radiation. In addition to the radiation incident on the film, the film is exposed primarily to the light emitted from the intensifying screen. Previous generations of intensifying screens were composed of phosphors such as calcium tungstate. However, rare-earth intensifying screens are recommended because they reduce a patient's radiation exposure by 50 percent compared with calcium tungstate-intensifying screens.⁸⁶⁻⁸⁹ Rare-earth film systems, combined with a high-speed film of 400 or greater, can be used for panoramic radiographs.⁸⁶ Older panoramic equipment can be retrofitted to reduce the radiation exposure to accommodate the use of rare-earth, high-speed systems.

Digital imaging provides an opportunity to further reduce the radiation dose by 40 to 60 percent.⁹⁰⁻⁹³ In digital radiography, there are three types of receptors that take the place of conventional film: charge-coupled device (CCD), complementary-metal-oxide-semiconductor (CMOS), and photo-stimulable phosphor (PSP) plates. Systems that use CCD and CMOS-based, solid-state detectors are called "direct." When these sensors receive energy from the x-ray beam, the CCD or CMOS chip sends a signal to the computer and an image appears on the monitor within seconds. Systems that use PSP plates are called "indirect." When these plates are irradiated, a latent image is stored on them. The plate is then scanned and the scanner transmits the image to the computer.

RECEPTOR HOLDERS

Holders that align the receptor precisely with the collimated beam are recommended for periapical and bitewing radiographs. Heat-sterilizable or disposable intraoral radiograph receptor-holding devices are recommended for optimal infection control.⁹⁴ Dental professionals should not hold the receptor holder during exposure.⁸⁶ Under extraordinary circumstances in which members of the patient's family (or other caregiver) must provide restraint or hold a receptor holder in place during exposure, such a person should wear appropriate shielding.⁸⁶

COLLIMATION

Collimation limits the amount of radiation, both primary and scattered, to which the patient is exposed. An added benefit of rectangular collimation is an improvement in contrast as a result of a reduction in fogging caused by secondary and scattered radiation.⁸⁹ The x-ray beam should not exceed the minimum coverage necessary, and each dimension of the beam should be collimated so that the beam does not exceed the receptor by more than 2 percent of the source-to-image receptor distance.⁸⁶ Since a rectangular collimator decreases the radiation dose by up to fivefold as compared with a circular one,^{86,95,96} radiographic equipment should provide rectangular collimation for exposure of periapical and bitewing radiographs.⁸⁶ Use of a receptor-holding device minimizes the risk of cone-cutting (non-exposure of part of the image receptor due to malalignment of the x-ray beam). The position-indicating device should be open ended and have a metallic lining to restrict the primary beam and reduce the tissue volume exposed to radiation.⁸⁶ Use of long source-to-skin distances of 40 cm, rather than short distances of 20 cm, decreases exposure by 10 to 25 percent.^{86,97} Distances between 20 cm and 40 cm are appropriate, but the longer distances are optimal.⁸⁶

OPERATING POTENTIAL AND EXPOSURE TIME

The operating potential of dental x-ray units affects the radiation dose and backscatter radiation. Lower voltages produce higher-contrast images and higher entrance skin doses, and lower deep-tissue doses and levels of backscatter radiation. However, higher voltages produce lower contrast images that enable better separation of objects with differing densities. Thus, the diagnostic purposes of the radiograph should be used to determine the selection of kilovolt setting. A setting above 90 kV(p) will increase the patient dose and should not be used.⁸⁹ The optimal operating potential of dental x-ray units is between 60 and 70 kVp.^{86,89}

Filmless technology is much more forgiving to overexposure often resulting in unnecessary radiation exposure. Facilities should strive to set the x-ray unit exposure timer to the lowest setting providing an image of diagnostic quality. If available, the operator should always confirm that the dose delivered falls within the manufacturer's exposure index. Imaging plates should be evaluated at least monthly and cleaned as necessary.

PATIENT SHIELDING AND POSITIONING

The amount of scattered radiation striking the patient's abdomen during a properly conducted radiographic examination is negligible.⁹⁸ The thyroid gland is more susceptible to radiation exposure during dental radiographic exams given its anatomic position, particularly in children.^{93,99,100} Protective thyroid collars and collimation substantially reduce radiation exposure to the thyroid during dental radiographic procedures.^{101,102} Because every precaution should be taken to minimize radiation exposure, protective thyroid collars should be used whenever possible. If all the recommendations for limiting radiation exposure are put into practice, the gonadal radiation dose will not be significantly affected by use of abdominal shielding.⁸⁶ Therefore, use of abdominal shielding may not be necessary.

Protective aprons and thyroid shields should be hung or laid flat and never folded, and manufacturer's instructions should be followed. All protective shields should be evaluated for damage (e.g. tears, folds, and cracks) monthly using visual and manual inspection.

Proper education and training in patient positioning is necessary to ensure that panoramic radiographs are of diagnostic quality.

OPERATOR PROTECTION

Although dental professionals receive less exposure to ionizing radiation than do other occupationally exposed health care workers,^{75,86} operator protection measures are essential to minimize exposure. Operator protection measures include education, the implementation of a radiation protection program, occupational radiation exposure limits, recommendations for personal dosimeters and the use of barrier shielding.¹⁰³ The maximum permissible annual dose of ionizing radiation for health care workers is 50 millisieverts (mSv) and the maximum permissible lifetime dose is 10 mSv multiplied by a person's age in years.⁸⁶ Personal dosimeters should be used by workers who may receive an annual dose greater than 1 mSv to monitor their exposure levels. Pregnant dental personnel operating x-ray equipment should use personal dosimeters, regardless of anticipated exposure levels.⁸⁶

Operators of radiographic equipment should use barrier protection when possible, and barriers should ideally contain a leaded glass window to enable the operator to view the patient during exposure.⁸⁶ When shielding is not possible, the operator should stand at least two meters from the tube head and out of the path of the primary beam.¹⁰³ The National Council on Radiation Protection & Measurements report “Radiation Protection in Dentistry” offers detailed information on shielding and office design.⁸⁶ State radiation control agencies can help assess whether barriers meet minimum standards.

HAND-HELD X-RAY UNITS

Hand-held, battery-powered x-ray systems are available for intra-oral radiographic imaging. The hand-held exposure device is activated by a trigger on the handle of the device. However, dosimetry studies indicate that these hand-held devices present no greater radiation risk than standard dental radiographic units to the patient or the operator. No additional radiation protection precautions are needed when the device is used according to the manufacturer’s instructions. These include: 1. holding the device at mid-torso height, 2. orienting the shielding ring properly with respect to the operator, and 3. keeping the cone as close to the patient’s face as practical. If the hand-held device is operated without the ring shield in place, it is recommended that the operator wear a lead apron.

All operators of hand-held units should be instructed on their proper storage. Due to the portable nature of these devices, they should be secured properly when not in use to prevent accidental damage, theft, or operation by an unauthorized user. Hand-held units should be stored in locked cabinets, locked storage rooms, or locked work areas when not under the direct supervision of an individual authorized to use them. Units with user-removable batteries should be stored with the batteries removed. Records listing the names of approved individuals who are granted access and use privileges should be prepared and kept current.

FILM EXPOSURE AND PROCESSING

All film should be processed following the film and processor manufacturer recommendations. Once this is achieved, the x-ray operator can adjust the tube current and time and establish a technique that will provide consistent dental radiographs of diagnostic quality. Poor processing technique, including sight-developing, most often results in underdeveloped films, forcing the x-ray operator to increase the dose to compensate, resulting in patient and personnel being exposed to unnecessary radiation.

A safelight does not provide completely safe exposure for an indefinite period of time. Extraoral film is much more sensitive to fogging. The length of time for which a film can be exposed to the safelight should be determined for the specific safelight/film combination in use.

QUALITY ASSURANCE

Quality assurance protocols for the x-ray unit, imaging receptor, film processing, dark room, and patient shielding should be developed and implemented for each dental health care setting.⁸⁶ All quality assurance procedures, including date, procedure, results, and corrective action, should be logged for documentation purposes. A qualified expert should survey all x-ray units on their placement and should resurvey the equipment every four years or after any

changes that may affect the radiation exposure of the operator and others.⁸⁶ Surveys typically are performed by state agencies, and individual state regulations should be consulted regarding specific survey intervals. The film processor should be evaluated at its initial installation and on a monthly basis afterward. The processing chemistry should be evaluated daily, and each type of film should be evaluated monthly or when a new box or batch of film is opened.⁸⁶ Abdominal shielding and thyroid collars should be inspected visually for creases or clumping that may indicate voids in their integrity on a monthly basis.⁸⁶ Damaged abdominal shielding and collars should be replaced. Table 2 lists specific methods of quality assurance procedures, covering not only inspection of the x-ray unit itself but also of the film processor, the image receptor devices, the darkroom and abdominal shielding and collars.^{103,104}

It is imperative that the operator's manual for all imaging acquisition hardware is readily available to the user, and that the equipment is operated and maintained following the manufacturer's instructions, including any appropriate adjustments for optimizing dose and image quality.

TECHNIQUE CHARTS/PROTOCOLS

Size-based technique charts/protocols with suggested parameter settings are important for ensuring that radiation exposure is optimized for all patients. Technique charts should be used for all systems with adjustable settings, such as tube potential, tube current, and time or pulses. The purpose of using the charts is to control the amount of radiation to the patient and receptor. Technique charts are tables that indicate appropriate settings on the x-ray unit for a specific anatomical area and will ensure the least amount of radiation exposure to produce a consistently good-quality radiograph.

Technique charts for intraoral and extraoral radiography should list the type of exam, the patient size (small, medium, large) for adults and a pediatric setting. The speed of film used, or use of a digital receptor, should also be listed on the technique chart. The chart should be posted near the control panel where the technique is adjusted for each x-ray unit. A technique chart that is regularly updated should be developed for each x-ray unit. The charts will also need to be updated when a different film or sensor, new unit, or new screens are used.

RADIATION RISK COMMUNICATION

Dentists should be prepared to discuss with their patients the benefits and risks of the x-ray exam.¹⁰⁵ To help answer patient and parent questions about dental radiology radiation safety, the American Academy of Oral and Maxillofacial Radiology and the Alliance for Radiation Safety in Pediatric Imaging partnered to create a brochure targeted at parents and patients.¹⁰⁶

Table 2.

Quality Assurance Procedures for Assessment of Radiographic Equipment		
<p>The following procedures for periodic assessment of the performance of radiographic equipment, film processing, equipment, image receptor devices, dark room integrity, and abdominal and thyroid shielding are adapted from the National Council for Radiation Protection and Measurements report, "Radiation Protection in Dentistry."⁸⁶ Please refer to state guidelines for specific regulations.</p>		
Equipment	Frequency	Method
X-ray Machine	<p>On installation At regular intervals as recommended by state regulations Whenever there are any changes in installation workload or operating conditions</p>	<p>Inspection by qualified expert (as specified by government regulations and manufacturers recommendations).</p>
Film Processor	<p>On installation Daily</p>	<p>Method 1: Sensitometry and Densitometry A sensitometer is used to expose a film, followed by standard processing of the film. The processed film will have a defined pattern of optical densities. The densities are measured with a densitometer. The densitometer measurements are compared to the densities of films exposed and processed under ideal conditions. A change in densitometer values indicates a problem with either the development time, temperature or the developer solutions. <i>Advantages</i> Accuracy Speed <i>Disadvantage</i> Expense of additional equipment</p> <p>Method 2: Reference Film A film exposed and processed under ideal conditions is attached to the corner of a view box as a reference film. Subsequent films are compared with the reference film. <i>Advantage</i> Cost effectiveness <i>Disadvantage</i> Less sensitive</p>
Image Receptor Devices	<p>Monthly With each new batch of film</p>	<p>Method 1: Sensitometry and Densitometry (as described above) Method 2: Reference Image (as described above)</p>
Intensifying Screen and	<p>Every six months</p>	<p>Visual inspection of cassette integrity Examination of intensifying screen for</p>

Extraoral Cassettes		scratches Development of an unexposed film that has been in the cassette exposed to normal lighting for one hour or more
Darkroom Integrity	On installation Monthly After a change in the lighting filter or lamp	While in a darkroom with the safelight on, place metal object (such as a coin) on unwrapped film for a period that is equivalent to the time required for a typical darkroom procedure Develop film Detection of the object indicates a problem with the safelight or light leaks in the darkroom
Abdominal and Thyroid Shielding	Monthly (visual and manual inspection)	All protective shields should be evaluated for damage (e.g., tears, folds, and cracks) monthly using visual and manual inspection. If a defect in the attenuating material is suspected, radiographic or fluoroscopic inspection may be performed as an alternative to immediately removing the item from service. Consideration should be given to minimizing the radiation exposure of inspectors by minimizing unnecessary fluoroscopy.

TRAINING AND EDUCATION

Where permitted by law, auxiliary dental personnel can perform intraoral and extraoral imaging.¹⁰³ Personnel certified to take dental radiographs should receive appropriate education. Practitioners should remain informed about safety updates and the availability of new equipment, supplies and techniques that could further improve the diagnostic quality of radiographs and decrease radiation exposure. Free training materials are available for limiting radiation exposure in dental imaging through the International Atomic Energy Agency.¹⁰⁷

CONCLUSION

Dentists should conduct a clinical examination, consider the patient's oral and medical histories, as well as consider the patient's vulnerability to environmental factors that may affect oral health before conducting a radiographic examination. This information should guide the dentist in the determination of the type of imaging to be used, the frequency of its use, and the number of images to obtain. Radiographs should be taken only when there is an expectation that the diagnostic yield will affect patient care.

Dentists should develop and implement a radiation protection program in their offices. In addition, practitioners should remain informed on safety updates and the availability of new equipment, supplies, and techniques that could further improve the diagnostic ability of radiographs and decrease exposure.

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Regulatory Guide 8.13 - Instruction Concerning Prenatal Radiation Exposure

(Draft was issued as DG-8014)

Revision 3
June 1999

APPENDIX: Questions and Answers Concerning Prenatal Radiation Exposure

1. Why am I receiving this information?

The NRC's regulations (in 10 CFR 19.12, "Instructions to Workers") require that licensees instruct individuals working with licensed radioactive materials in radiation protection as appropriate for the situation. The instruction below describes information that occupational workers and their supervisors should know about the radiation exposure of the embryo/fetus of pregnant women.

The regulations allow a pregnant woman to decide whether she wants to formally declare her pregnancy to take advantage of lower dose limits for the embryo/fetus. This instruction provides information to help women make an informed decision whether to declare a pregnancy.

2. If I become pregnant, am I required to declare my pregnancy?

No. The choice whether to declare your pregnancy is completely voluntary. If you choose to declare your pregnancy, you must do so in writing and a lower radiation dose limit will apply to your embryo/fetus. If you choose not to declare your pregnancy, you and your embryo/fetus will continue to be subject to the same radiation dose limits that apply to other occupational workers.

3. If I declare my pregnancy in writing, what happens?

If you choose to declare your pregnancy in writing, the licensee must take measures to limit the dose to your embryo/fetus to 0.5 rem (5 millisievert) during the entire pregnancy. This is one-tenth of the dose that an occupational worker may receive in a year. If you have already received a dose exceeding 0.5 rem (5 mSv) in the period between conception and the declaration of your pregnancy, an additional dose of 0.05 rem (0.5 mSv) is allowed during the remainder of the pregnancy. In addition, 10 CFR 20.1208, "Dose to an Embryo/Fetus," requires licensees to make efforts to avoid substantial variation above a uniform monthly dose rate so that all the 0.5 rem (5 mSv) allowed dose does not occur in a short period during the pregnancy.

This may mean that, if you declare your pregnancy, the licensee may not permit you to do some of your normal job functions if those functions would have allowed you to receive more than 0.5 rem, and you may not be able to have some emergency response responsibilities.

4. Why do the regulations have a lower dose limit for the embryo/fetus of a declared pregnant woman than for a pregnant worker who has not declared?

A lower dose limit for the embryo/fetus of a declared pregnant woman is based on a consideration of greater sensitivity to radiation of the embryo/fetus and the involuntary nature of the exposure. Several scientific advisory groups have recommended (References 1 and 2) that the dose to the embryo/fetus be limited to a fraction of the occupational dose limit.

5. What are the potentially harmful effects of radiation exposure to my embryo/fetus?

The occurrence and severity of health effects caused by ionizing radiation are dependent upon the type and total dose of radiation received, as well as the time period over which the exposure was received. See Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Exposure" (Ref. 3), for more information. The main concern is embryo/fetal susceptibility to the harmful effects of radiation such as cancer.

6. Are there any risks of genetic defects?

Although radiation injury has been induced experimentally in rodents and insects, and in the experiments was transmitted and became manifest as hereditary disorders in their offspring, radiation has not been identified as a cause of such effect in humans. Therefore, the risk of genetic effects attributable to radiation exposure is speculative. For example, no genetic effects have been documented in any of the Japanese atomic bomb survivors, their children, or their grandchildren.

7. What if I decide that I do not want any radiation exposure at all during my pregnancy?

You may ask your employer for a job that does not involve any exposure at all to occupational radiation dose, but your employer is not obligated to provide you with a job involving no radiation exposure. Even if you receive no occupational exposure at all, your embryo/fetus will receive some radiation dose (on average 75 mrem (0.75 mSv)) during your pregnancy from natural background radiation.

The NRC has reviewed the available scientific literature and concluded that the 0.5 rem (5 mSv) limit provides an adequate margin of protection for the embryo/fetus. This dose limit reflects the desire to limit the total lifetime risk of leukemia and other cancers. If this dose limit is exceeded, the total lifetime risk of cancer to the embryo/fetus may increase incrementally. However, the decision on what level of risk to accept is yours. More detailed information on potential risk to the embryo/fetus from radiation exposure can be found in References 2-10.

8. What effect will formally declaring my pregnancy have on my job status?

Only the licensee can tell you what effect a written declaration of pregnancy will have on your job status. As part of your radiation safety training, the licensee should tell you the company's policies with respect to the job status of declared pregnant women. In addition, before you declare your pregnancy, you may want to talk to your supervisor or your

radiation safety officer and ask what a declaration of pregnancy would mean specifically for you and your job status.

In many cases you can continue in your present job with no change and still meet the dose limit for the embryo/fetus. For example, most commercial power reactor workers (approximately 93%) receive, in 12 months, occupational radiation doses that are less than 0.5 rem (5 mSv) (Ref. 11). The licensee may also consider the likelihood of increased radiation exposures from accidents and abnormal events before making a decision to allow you to continue in your present job.

If your current work might cause the dose to your embryo/fetus to exceed 0.5 rem (5 mSv), the licensee has various options. It is possible that the licensee can and will make a reasonable accommodation that will allow you to continue performing your current job, for example, by having another qualified employee do a small part of the job that accounts for some of your radiation exposure.

9. What information must I provide in my written declaration of pregnancy?

You should provide, in writing, your name, a declaration that you are pregnant, the estimated date of conception (only the month and year need be given), and the date that you give the letter to the licensee. A form letter that you can use is included at the end of these questions and answers. You may use that letter, use a form letter the licensee has provided to you, or write your own letter.

10. To declare my pregnancy, do I have to have documented medical proof that I am pregnant?

NRC regulations do not require that you provide medical proof of your pregnancy. However, NRC regulations do not preclude the licensee from requesting medical documentation of your pregnancy, especially if a change in your duties is necessary in order to comply with the 0.5 rem (5 mSv) dose limit.

11. Can I tell the licensee orally rather than in writing that I am pregnant?

No. The regulations require that the declaration must be in writing.

12. If I have not declared my pregnancy in writing, but the licensee suspects that I am pregnant, do the lower dose limits apply?

No. The lower dose limits for pregnant women apply only if you have declared your pregnancy in writing. The United States Supreme Court has ruled (in *United Automobile Workers International Union v. Johnson Controls, Inc.*, 1991) that "Decisions about the welfare of future children must be left to the parents who conceive, bear, support, and raise them rather than to the employers who hire those parents" (Reference 7). The Supreme Court also ruled that your employer may not restrict you from a specific job "because of concerns about the next generation." Thus, the lower limits apply only if you choose to declare your pregnancy in writing.

13. If I am planning to become pregnant but am not yet pregnant and I inform the licensee of that in writing, do the lower dose limits apply?

No. The requirement for lower limits applies only if you declare in writing that you are already pregnant.

14. What if I have a miscarriage or find out that I am not pregnant?

If you have declared your pregnancy in writing, you should promptly inform the licensee in writing that you are no longer pregnant. However, if you have not formally declared your pregnancy in writing, you need not inform the licensee of your nonpregnant status.

15. How long is the lower dose limit in effect?

The dose to the embryo/fetus must be limited until you withdraw your declaration in writing or you inform the licensee in writing that you are no longer pregnant. If the declaration is not withdrawn, the written declaration may be considered expired one year after submission.

16. If I have declared my pregnancy in writing, can I revoke my declaration of pregnancy even if I am still pregnant?

Yes, you may. The choice is entirely yours. If you revoke your declaration of pregnancy, the lower dose limit for the embryo/fetus no longer applies.

17. What if I work under contract at a licensed facility?

The regulations state that you should formally declare your pregnancy to the licensee in writing. The licensee has the responsibility to limit the dose to the embryo/fetus.

18. Where can I get additional information?

The references to this Appendix contain helpful information, especially Reference 3, NRC's Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Radiation Exposure," for general information on radiation risks. The licensee should be able to give this document to you.

For information on legal aspects, see Reference 7, "The Rock and the Hard Place: Employer Liability to Fertile or Pregnant Employees and Their Unborn Children--What Can the Employer Do?" which is an article in the journal *Radiation Protection Management*.

You may telephone the NRC Headquarters at (301) 415-7000. Legal questions should be directed to the Office of the General Counsel, and technical questions should be directed to the Division of Industrial and Medical Nuclear Safety.

You may also telephone the NRC Regional Offices at the following numbers: Region I, (610) 337-5000; Region II, (404) 562-4400; Region III, (630) 829-9500; and Region IV, (817) 860-8100. Legal questions should be directed to the Regional Counsel, and technical questions should be directed to the Division of Nuclear Materials Safety.

REFERENCES FOR APPENDIX

1. National Council on Radiation Protection and Measurements, *Limitation of Exposure to Ionizing Radiation*, NCRP Report No. 116, Bethesda, MD, 1993.
2. International Commission on Radiological Protection, *1990 Recommendations of the International Commission on Radiological Protection*, ICRP Publication 60, Ann.

- ICRP 21: No. 1-3, Pergamon Press, Oxford, UK, 1991.
3. USNRC, "Instruction Concerning Risks from Occupational Radiation Exposure," Regulatory Guide 8.29, Revision 1, February 1996.⁽¹⁾ (Electronically available at <http://www.nrc.gov/reading-rm/doc-collections/reg-guides/>)
 4. Committee on the Biological Effects of Ionizing Radiations, National Research Council, *Health Effects of Exposure to Low Levels of Ionizing Radiation (BEIR V)*, National Academy Press, Washington, DC, 1990.
 5. United Nations Scientific Committee on the Effects of Atomic Radiation, *Sources and Effects of Ionizing Radiation*, United Nations, New York, 1993.
 6. R. Doll and R. Wakeford, "Risk of Childhood Cancer from Fetal Irradiation," *The British Journal of Radiology*, 70, 130-139, 1997.
 7. David Wiedis, Donald E. Jose, and Timm O. Phoebe, "The Rock and the Hard Place: Employer Liability to Fertile or Pregnant Employees and Their Unborn Children-- What Can the Employer Do?" *Radiation Protection Management*, 11, 41-49, January/February 1994.
 8. National Council on Radiation Protection and Measurements, *Considerations Regarding the Unintended Radiation Exposure of the Embryo, Fetus, or Nursing Child*, NCRP Commentary No. 9, Bethesda, MD, 1994.
 9. National Council on Radiation Protection and Measurements, *Risk Estimates for Radiation Protection*, NCRP Report No. 115, Bethesda, MD, 1993.
 10. National Radiological Protection Board, *Advice on Exposure to Ionising Radiation During Pregnancy*, National Radiological Protection Board, Chilton, Didcot, UK, 1998.
 11. M.L. Thomas and D. Hagemeyer, "Occupational Radiation Exposure at Commercial Nuclear Power Reactors and Other Facilities, 1996," Twenty-Ninth Annual Report, NUREG-0713, Vol. 18, USNRC, 1998.⁽²⁾

1. Single copies of regulatory guides, both active and draft, and draft NUREG documents may be obtained free of charge by writing the Reproduction and Distribution Services Section, OCIO, USNRC, Washington, DC 20555-0001, or by fax to (301)415-2289, or by email to (DISTRIBUTION@NRC.GOV). Active guides may also be purchased from the National Technical Information Service on a standing order basis. Details on this service may be obtained by writing NTIS, 5285 Port Royal Road, Springfield, VA 22161. Copies of active and draft guides are available for inspection or copying for a fee from the NRC Public Document Room at 2120 L Street NW., Washington, DC; the PDR's mailing address is Mail Stop LL-6, Washington, DC 20555; telephone (202)634-3273; fax (202)634-3343.

2. Copies are available at current rates from the U.S. Government Printing Office, P.O. Box 37082, Washington, DC 20402-9328 (telephone (202)512-1800); or from the National Technical Information Service by writing NTIS at 5285 Port Royal Road, Springfield, VA 22161. Copies are available for inspection or copying for a fee from the NRC Public Document Room at 2120 L Street NW., Washington, DC; the PDR's mailing address is Mail Stop LL-6, Washington, DC 20555; telephone (202)634-3273; fax (202)634-3343.

Last revised Monday, June 23, 2003



PREGNANCY POLICY

The GCSC Dental Programs are committed to ensuring that our students are aware of the potential dangers of ionizing radiation/chemical exposure to an unborn fetus, and are informed of the correct protective measures needed for protection of the unborn fetus. We understand that this is a voluntary disclosure of pregnancy.

Dental students:

1. Voluntarily notify the Program Coordinator(s) and/ or appropriate faculty in writing as soon as the student becomes aware of her pregnancy.
2. Submit a statement from her physician verifying the pregnancy and the expected due date, special precautions, and any physical limitations.
3. Schedule appointments with the Program Coordinator(s) and/ or appropriate faculty for counseling related to the impact of radiation/chemical exposure to the unborn fetus and the ability of the student to participate in all aspects of the dental program.
4. The student should not be considered for radiographs (as a patient) and will be given an option to wear a radiation monitoring badge during clinical or laboratory learning sessions. Pregnant students will continue to treat any/all patients regardless of patient health status in accordance with the dental programs published clinic policies.
5. If for any reason the student chooses not to enroll in a particular course, program reapplication will be the only option. All students, whether pregnant or not, must follow standard precautions, comply with all clinic rules/regulations regarding patient care and participate in student rotations.

All efforts, within reason, to assist the student in the completion of her education goals will be made; however, the standards of the program remain the same for all students. Should the student not be able to complete course requirements by the published deadlines the student may be given an INCOMPLETE (I) and will need to follow college procedures to complete the course work. If unable to do so, the student may choose to withdraw for the semester and reapply to the dental programs at a further date.

I HAVE READ AND UNDERSTAND THIS POLICY.

Student's Name: _____
(Please Print)

Student Signature _____ Date: _____

Faculty Supervisor _____

Gulf Coast State College
DENTAL PROGRAMS
X-RAY TECHNIQUE GUIDELINES/PATIENT POLICY

1. Radiographs are taken according to individual patient needs. Images are exposed after reviewing health history, previous radiograph(s), and completing a clinical oral exam by a licensed dentist to determine number and type of images. This information must be indicated on the exposure record for GCSC patients of record or on a prescription from an outside dentist. In addition, faculty approval prior to exposure is required.
2. Full-mouth examination should include radiographic coverage of all teeth and all tooth bearing areas. See Performance Criteria for parameters for each projection.
3. The third molars or at least 2 mm beyond the distal of the second molar must be demonstrated radiographically. If separate images are required, faculty approval is needed. These images must be mounted separately.
4. Bitewing radiographs need to include crestal bone levels as well as open contacts as outlined in the performance criteria. An open contact on the mandibular periapical projection may substitute for an unopened bitewing contact. However, an open contact on the maxillary projection is usually not an acceptable substitute, unless decay is easily diagnosed from the maxillary periapical projections.
5. All film mounts must be clearly identified with patient and operator name, type of series and date of film exposure. Do not use red or other pencils which cannot be easily read. If nothing else is available, affix a label on the film mount.
6. Corrected retakes are mounted in a separate mount (film)/separate exam template (digital) labeled as "retakes" and used (with initial exposures) to completely evaluate technique. Secure duplicate retake films in a clearly labeled envelope sealed with tape.
7. All images/radiographs on patients must be interpreted by a licensed dentist and be documented on the Radiographic Interpretation Form.
8. Practice **ALARA** (As Low As Reasonably Achievable) to minimize radiation exposure. Protective aprons and thyroid collars are to be used whenever possible. In addition, operator and all other persons must vacate the operatory during exposure.
9. Pregnant females should experience radiographic exposure only in rare circumstances. Radiographs should be delayed until after the child is born. Emphasize the use of the lead apron and explain that it prevents all x-ray exposure to the unborn child.
10. Retakes for diagnostic purposes only will be taken. An area that is not fully covered on a particular film but seen on another film need not be re-exposed. Some technical errors such as slight cone cuts, elongations, foreshortenings, etc., even though not technically perfect, may still provide an image of diagnostic quality.
11. Once retakes are determined by the student and instructor, the image(s) should be taken by the student under the supervision of the faculty member covering clinic. It is the student's responsibility to inform the faculty member when the retakes are scheduled to be taken.
12. Strict aseptic technique will be enforced, with each student held responsible for the disinfection of the x-ray room and the sterilization of receptor holding/beam alignment device. Students will wear the appropriate personal protective clothing to include clinical mask, gloves, and safety glasses.
13. All patient radiographs are considered a critical portion of the patient record. All radiographs must remain in the patient's chart and be kept in a secure location. Duplicate radiographs may be requested by patients; however GCSC must maintain a copy.

Performance Criteria for Intraoral Radiography

Below are the expected parameters for radiographs. Please evaluate each image accordingly.

I. Periapical Examinations

- A. **General Considerations** - All periapical views should demonstrate:
1. Optimal density, contrast, definition and detail with minimal image distortion
 2. Minimal horizontal overlap (does not exceed the DEJ)
 3. Entire root and crown with 1-2 mm alveolar bone past apices
 4. At least 1mm between incisal/occlusal edge and receptor border.
 5. Occlusal plane should be straight.

B. Specific Views

Vertical #2



Vertical #1



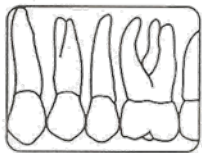
Vertical #1



Vertical #1/#2



Horizontal #2



Horizontal #2



1. **Maxillary Central Incisor**

The central/central interproximal contact is centered on the receptor and open. Demonstrate the central incisors, lateral incisors and proximal portion of the canines.

Maxillary Central Incisor

The central/central interproximal contact is centered on the receptor and open. The entire crowns and roots of the central incisors and proximal portion of the lateral incisors.

2. **Maxillary Lateral Incisor**

The central/lateral incisor interproximal contact is centered on the receptor and open. Demonstrate the entire lateral incisor and central incisor and proximal portion of the canine.

3. **Maxillary Canine**

The canine is centered on the receptor with a lateral/canine interproximal contact open. Demonstrate the canine and the proximal surfaces of the lateral incisor and first premolar. Note: Due to the curvature of the maxilla, overlap with typically obscure the canine-first premolar contact.

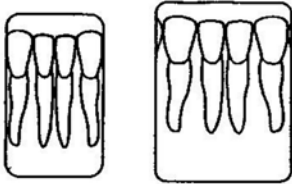
4. **Maxillary Premolar**

Demonstrate no less than the distal third of the canine; the first premolar, second premolar and first molar. An emphasis is placed on the canine/first premolar and first premolar/second premolar interproximal contact.

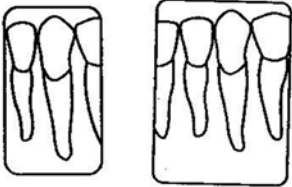
5. **Maxillary Molar**

Demonstrate no more than the distal portion of the second premolar, first molar, second molar and third molar. Interproximal spaces open with an emphasis between the second premolar/first molar and first molar/second molar contact.

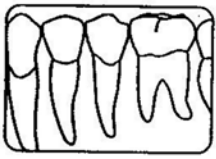
Vertical #1/#2



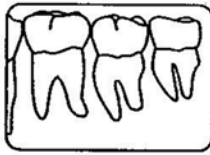
Vertical #1/#2



Horizontal #2



Horizontal #2



6. **Mandibular Central Incisor**

The central/central interproximal space is centered on the receptor and open. Demonstrate the central incisors and lateral incisors. #2 receptor may include the proximal surfaces of the canines.

7. **Mandibular Canine**

The canine is centered on the receptor. Demonstrate the canine, distal half of the lateral and mesial half of the first premolar. Emphasis on the lateral/canine interproximal contact. Note: canine-premolar overlap is typical due to the curvature of the mandible.

8. **Mandibular Premolar**

Demonstrate no less than the distal third of the canine; the first premolar, second premolar and first molar. An emphasis is placed on the canine/first premolar and first premolar/second premolar interproximal contacts.

9. **Mandibular Molar**

Demonstrate no more than the distal portion of the second premolar, first molar, second molar and third molar. Interproximal spaces open with an emphasis between the second premolar/first molar and first molar/second molar contact.

II. **Interproximal (Bitewing) Examinations**

A. **General Considerations** - All interproximal (bitewing) views:

1. Occlusal plane should be straight or slightly curved upward toward the distal.
2. Equal distribution (demonstration) of maxillary and mandibular crowns (no overlap), and maxillary and mandibular alveolar crest.
3. Optimal density, contrast, and detail.
4. Minimal image distortion

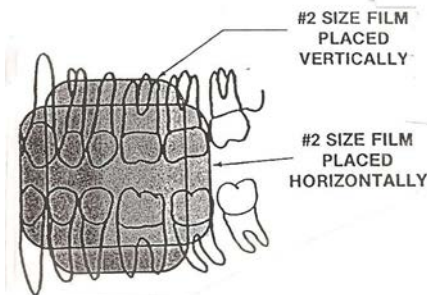
B. **Specific Views:**

1. **Premolar (Horizontal)**

Demonstrate no less than the distal portion of the Maxillary and Mandibular canine crowns; all of the first premolar, second premolar and first molar crowns. Interproximal spaces open with emphasis on the canine/first premolar and first premolar/second premolar contacts.

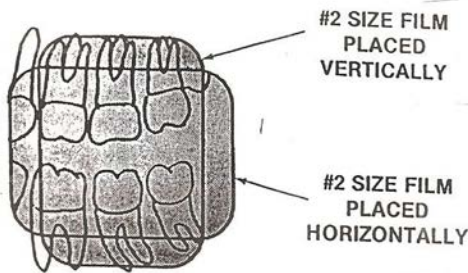
Premolar (Vertical)

Demonstrate no less than the distal portion of the maxillary canine crown; all of the first premolars, second premolars, and first molar crowns; and the mesial portion of the second molar crowns. Interproximal spaces open with emphasis on the canine/first premolar and first premolar/second premolar contacts.



2. **Molar (Horizontal)**

Demonstrate no more than the distal portion of the second premolar; all of the first molar, second molar and mesial portion of the third molar. Interproximal spaces open with emphasis between the second premolar/first molar and first/second molar contacts.



Molar (Vertical)

Demonstrate all of the maxillary first molar, 2/3 of the mandibular first molar, second and third molar crowns. Interproximal spaces open with emphasis between first molar and second molar contacts.

[NOTE: because of the difference in tooth morphology (maxillary molars are rhomboid and mandibular molars are trapazoid) and arch form, it may be difficult to open maxillary and mandibular molar contacts simultaneously; if this is the case, favor opening the maxillary molar contacts.

III. **The Full Mouth X-ray Series**

A full mouth series (FMX) is a combination of periapical and interproximal (bitewing) views that demonstrate all of the teeth, their supporting structures and the proximal surfaces. The actual number of films required to achieve this objective varies from patient to patient depending on the number, size and spacing of the teeth. Each tooth, apical region and proximal surface should be clearly seen at least once. When determining the need for retake films observe the entire series. Retakes for the purpose of technical perfection are never done. For example, if all of the region is not shown on a specific film, but is seen adequately in another film, a retake film is not indicated.

Regular FMX – 18 films

Perio FMX – 20 films

OPERATOR ERRORS

*****REVIEW THE PERFORMANCE CRITERIA AND INDICATE ANY ERRORS ON EACH FILM. ONLY ERRORS THAT DO NOT MEET THE PERFORMANCE CRITERIA WILL RESULT IN TECHNIQUE POINT DEDUCTION.**

1. FQ	<p>Film Quality – formative, learning tool for students and instructors</p> <ul style="list-style-type: none"> • TA - Technically Acceptable ☺ - Image demonstrates no errors and represents information defined on the “Performance Criteria for Intraoral Radiography” • TE - Technical Errors – Image demonstrate technique errors but does not necessitate re-exposure/retake. • DR - Diagnostic Retake – Image demonstrates errors that are not diagnostically acceptable and cannot be viewed in another image.
2. PP (H or V)	<p>Improper Packet Placement: see “Performance Criteria” for specific projections.</p> <ul style="list-style-type: none"> • (H) Mesial-distal error – cannot see teeth of interest. Ex. Canine not visible on the premolar projection. • (V) Apical/Occlusal error <ul style="list-style-type: none"> ○ not enough or too much space in apical/occlusal area ○ image demonstrating a slanted occlusal plane ○ BWX with unequal distribution of maxillary and mandibular arches ○ BWX missing the crestal bone <p><i>Potential Causes:</i> improper instrument assembly, improper film packet selection</p>
3. C (H or V)	<p>Cone cut – when radiation does not cover the entire image</p> <ul style="list-style-type: none"> • (H) horizontal error - no radiation on mesial distal portion of the image • (V) vertical error - no radiation on apical/occlusal portion of the image • If cone cut present on the corner indicate both horizontal and vertical <p><i>Potential Causes:</i> improper instrument assembly, improper vertical and/or horizontal angulation, improper film placement</p>
4. V (F or E)	<p>Improper Vertical Angulation – Make sure the tubehead is parallel with the long axis of the tooth (paralleling) or parallel to the imagery bisecting line (bisecting).</p> <ul style="list-style-type: none"> • (F) = Foreshortening – images look squished, too much vertical angulation • (E) = Elongation – images look stretched, not enough vertical angulation
5. H (Teeth #'s)	<p>Improper Horizontal Angulation - overlapping of crowns and/or roots</p> <ul style="list-style-type: none"> • If PID is angled from mesial to distal...larger overlaps will be seen in the posterior region of the film. • If PID is angled from distal to mesial the larger overlaps will be seen in the anterior portion of the film. • For PA’s- only indicate horizontal overlap exceeding the DEJ • BWX - open coronal contacts for teeth of interest
6. Other	<p>Describe any technique error or artifact not already described above</p> <p>Examples:</p> <ol style="list-style-type: none"> a. XCP bar (NOT BITEBLOCK OR BITETAB) b. backward film c. film bending d. double exposure e. movement f. density g. orientation dot or “a” for PSP plate in the apical area h. teeth in opposite arch i. reticulation j. fingerprint k. bubbles l. scratched emulsion/ plate m. sensor cord n. unknown

CRITICAL ITEMS. NO POINTS WILL BE AWARDED FOR THE ENTIRE SERIES/ASSIGNMENT.

- **Direct contamination of patient or self. Example: using contaminated XCP in a patient's mouth**
- **Operator not using lead apron and thyroid shield whenever possible**
- **Unauthorized exposure of radiographic images/failure to confirm radiographic prescription from licensed Dentist.**

Infection Control

- Breaking the chain of asepsis before, during or after radiographic procedure.

Radiation Hygiene

- Operator not remaining 6 feet away from the primary beam or positioned perpendicular (90-135 degrees) from the primary beam
- Operator not observing patient in manikin while exposing each radiograph
- Operator holding film/sensor/tubehead during the film exposure
- Operator not using proper equipment and settings
- Operator not holding the exposure button for 3 seconds (until noise stops) and announcing "clear" during exposure
- Exposes radiographic images with person(s) other than patient in the operatory.
- Operator does not turn machine off after use

Documentation

- Not making duplicates when requested by faculty, patient, or clinic receptionist
- Not updating medical history, dental history, medications, or recording vital signs.
- Does not obtain all patient, student and faculty signatures (medical dental history, radiographic exposure record, progress notes, interpretation form, and patient letter).
- Does not correctly mount/label images.
- Does not submit all required documentation to RDH and DMD during evaluation
- ON A DIGITAL SERIES, NOT OPENING A SEPARATE TEMPLATE AND LABELING "RETAKES."

Mounting/Processing Errors

- Mounting errors (5% each time returned)
- Processing errors deemed avoidable by the instructor

Professionalism

- Violating any of the six values of professionalism as deemed appropriate by faculty:
 - **Competence** – ex: incorrect assembly of XCP, incorrect digital template
 - **Fairness** – ex: not following uniform guidelines,
 - **Integrity** - ex: coming unprepared for class (no XCP instruments, no comp sheets, no Rad Manual).
 - **Responsibility** - forgetting to put completed assignments in Instructor's box
 - **Respect** – ex: being disrespectful to faculty, students, and/or patients.
 - **Service-mindedness** – ex: not valuing the patient's oral tissues



INTRAORAL RADIOGRAPHIC TECHNIQUE ANALYSIS FORM

Patient Name (last, first): _____ Student Name: (last, first) _____ Op # _____ Type of Series: _____ Film/CDR _____
 Exam Date (mm/dd/yyyy): _____ Instructor: _____ Course: _____ Technique: _____

Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____
Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____
Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____	Student Instructor FQ _____ PP _____ C _____ V _____ H _____ O _____

TECHNIQUE EVALUATION KEY

- | | | | |
|---|--|---|--|
| FQ Film Quality (TA, TE, DR)
• © Technically Acceptable
• Technical Errors/error(s) noted
• Diagnostic Retake FOLLOW ALARA | PP Packet Placement (H or V)
• Horizontal error
• Vertical error | C Cone Centering (H or V)
• Horizontal error
• Vertical error | V Vertical Angulation (F or E)
• Foreshortening
• Elongation |
| H Horizontal Angulation (indicate teeth #'s)
O Other (a-n) | | | |

THE GRADING SECTION BELOW WILL BE COMPLETED BY INSTRUCTOR.

Assigned Diagnostic Retake(s):

Projection: _____	Error: _____	Corrected (Y/N): <u>+3 or 0</u> (circle one)
Projection: _____	Error: _____	Corrected (Y/N): <u>+3 or 0</u> (circle one)
Projection: _____	Error: _____	Corrected (Y/N): <u>+3 or 0</u> (circle one)
Projection: _____	Error: _____	Corrected (Y/N): <u>+3 or 0</u> (circle one)
Projection: _____	Error: _____	Corrected (Y/N): <u>+3 or 0</u> (circle one)

Additional Images(s) Requested:

Projection: _____
 Projection: _____
 Projection: _____
 Projection: _____

Comments:

Infection Control (-10%) _____ Radiation Hygiene (-10%) _____ Documentation (-5%) _____ Mounting/Processing Errors (-5%) _____ Professionalism (-5%) _____

Total Points Earned _____

Total Points Possible _____

Final Score _____ / _____ = _____ %

Instructor Signature _____

EACH IMAGE WORTH 5 PTS
 FMX=90, PFMX=100, 4BWx=20, 2BWx=10

Gulf Coast State College Dental Radiography Intraoral Radiographic Evaluation Criteria

1. The student should self-evaluate his/her images, and identify the images that should be retaken according to the "Performance Criteria of Intraoral Radiography." The final determination of whether an image should be retaken will be made by the instructor. If errors are noted by the instructor indicating a Diagnostic Retake, the student will retake the image(s) in order to correct the error(s).
2. The student will thoroughly self-evaluate the initial series of images (to include any additional images) noting errors present. Students will not evaluate the retake images on the Analysis Form. The instructor will determine if the diagnostic retake is acceptable.
3. **Each image carries a 5 point value based on technique (packet placement, cone centering, vertical angulation, horizontal angulation, and other).** In addition, one (1) point will be deducted for student analysis should the student fail to indicate 2 or more errors. **Any image considered diagnostically unacceptable (diagnostic retake) will result in an automatic 4 point deduction. Should the student correct the error on the retaken image, 3 points will be rewarded. The student must demonstrate competency in Infection Control Procedures, Radiation Hygiene, Documentation, Mounting/Processing, and Professionalism. Failure to do so will result in a percentage deduction from the final grade.**
4. **To complete the final radiographic score:** Divide the number of points received by the number of possible points to compute a percentage score. If warranted, apply the percentage deduction for the following items: Infection Control, Radiation Hygiene, Record Keeping, Mounting/Processing, and Professionalism.
5. The number of diagnostic retakes allowed on a patient is limited to five (5) for a FMX, two (2) for HBWX's or VBWX's and one (1) for a PANO or occlusal radiographic image. Retakes above and beyond the limits established above, which are needed for diagnosis and treatment, shall be taken by a Faculty member. The ALARA principle is to be followed for all patient exposures. Radiographic exposures/series exceeding the above retakes will be deemed unacceptable. It is the student's responsibility to obtain an additional patient for their quota/assessment within the semester (see individual course syllabi).
6. If the instructor determines an additional image is necessary in order to adequately assess the patient's health (i.e. occlusal image) the image will be taken with no penalty and then evaluated like other images. If additional image(s) does not show what is needed, a retake may be requested by faculty. The new image will be evaluated as outlined above.
7. Radiographic exposures/series will be considered acceptable if the final radiographic score is $\geq 70\%$ in DES 1200L, $\geq 75\%$ in DES 1201L, DEH 1800L, and DEH 1802L or $\geq 80\%$ in DEH 2804L & 2806L. Radiographic exposures/series not meeting this level will be deemed unacceptable and the student will receive appropriate deductions from the final Patient Treatment Score as indicated per each clinical course criteria.
8. Radiographs submitted to the instructor for technique evaluation must be accompanied by: the patient's chart, medical history, radiographic technique analysis form, clinical evaluation form, all retakes/original images, exposure chart, and completed progress notes.
9. **All patient images should be reviewed with the supervising dentist for diagnostic interpretation evaluation and should include: patient chart, completed radiographic interpretation form, clinical evaluation form, referral form/letter and envelope addressed to the patient, exposure chart, all original/retake images and completed progress notes.**



RADIOGRAPHIC EXTRAORAL TECHNIQUE ANALYSIS FORM

Patient Name (last, first) _____ Type of Image _____
 Student Name (last, first) _____ Rad Machine Type _____ Exp. Factors _____
 Exam Date (mm/dd/yyyy) _____ Instructor _____

Radiographic Area	Technique Errors	Retake -3	Student Analysis (-1 per missed error)
Panoramic			

INDICATE THE ERRORS DEMONSTRATED USING THE ABBREVIATIONS BELOW:

Technical Errors:

- OK** Technically Perfect
 - D** Density
 - M** Movement
 - JS** Jaw Selection (shape & size)
- | | | |
|--|--|--|
| | | |
| | | |
- A** Artifact (_____)
 - SS** Spinal Shadow
 - Other:** (_____)

Focal Trough Errors:

- FT (HR)** Head Rotated Right
- FT (HL)** Head Rotated Left
- FT (HPA)** Head Position Anterior
- FT (HPP)** Head Position Posterior
- FT (CH)** Chin Too High
- FT (CL)** Chin Too Low
- FT (CTR)** Chin Tilted Right
- FT (CTL)** Chin Tilted Left

Comments:

THE GRADING SECTION BELOW WILL BE COMPLETED BY INSTRUCTOR

Patient Management (-1) _____ Radiation Hygiene (-1) _____ Critical Thinking (-1) _____
 Infection Control (-1) _____ Professionalism (-1) _____
Total error points _____ **Total Points Possible** 10 **Final Score** /10 = %
Instructor Signature _____ **Date** _____

Gulf Coast State College
Dental Radiography
Extraoral Radiographic Evaluation Criteria

1. The final judgment of whether an image should be retaken will be made by the instructor. If errors are noted by the instructor indicating a Diagnostic Retake, the student will retake the image(s) in order to correct the error.
2. The student will thoroughly self-evaluate the initial image noting all errors present. Students will not evaluate retake images on the Analysis Form.
3. Each Extraoral image will be worth 10 points.
One point will be deducted for Student Analysis if the student fails to recognize and document any technique error(s). Three (3) points will be deducted if a retake image is required. The student must demonstrate competency in Radiation Hygiene, Patient Management, Infection Control Procedures, Critical Thinking, and/or Professionalism. One point can be deducted for each of these categories if the student practices these procedures unacceptably.
4. The number of retake images permitted on a patient is limited to one (1).
5. To complete the final radiographic score: Each image is worth 10 points; therefore, divide the number of points received by the number of possible points to compute a percentage score.
6. The extraoral radiographic exposure will be considered acceptable if the final radiographic score $\geq 70\%$ in DES 1201L and 1800L $\geq 75\%$ in DEH 1802L, and $\geq 80\%$ in DEH 2804L & 2806L. An extraoral radiographic exposure not meeting this level will be deemed unacceptable and the student will receive appropriate deductions from the final Patient Treatment Score as indicated per each clinical course criteria.
7. Radiographs submitted to the instructor for technique evaluation must be accompanied by: the patient's chart, medical history, radiographic analysis form, clinical evaluation form, all retakes/original images, exposure chart, and completed progress notes.
8. All radiographs should be reviewed with the supervising dentist for diagnostic interpretation evaluation and should include:
 - patient chart
 - radiographic interpretation form
 - clinical evaluation form
 - referral form and envelope addressed to the patient
 - exposure chart
 - all retakes/original images
 - completed progress notes

Dental Assisting Process of Care Sequence



Denotes use of Eaglesoft Practice Management System

1. Medical/Dental History Review, Patient Treatment Consent Form, Patient's Bill of Rights, Notice of Privacy Practices, Appointment Scheduling Policy

- *Student should seat patient, place patient napkin, ensure that all appropriate forms are completed, signed and dated.*
- *Medical/Dental History should be reviewed and appropriate follow up questions should be asked if indicated. If patient is a returning patient, student shall inquire as to whether or not there has been any change in medical/dental history (be specific, i.e. hospitalizations, surgeries, or changes in medications) since date of last visit and document on the **Medical/Dental History Update** form.*
- *Student should ask patient if they are currently, or have recently experienced any areas of pain or discomfort in their mouth.*
- *Vital signs will be taken and recorded on **Subsequent or Recall Medical/Dental History Update and Vital Signs** form.*



****Instructor evaluation and approval with signature is required at this time. ****

2. Treatment Initiation/Patient Presentation

- *Dentist should be notified by the student that patient is ready for treatment. Information provided to dentist by the student should include patient's name, relative medical history information, vitals report, procedure patient is scheduled for, and whether or not patient is experiencing any pain or discomfort since date of last visit.*
- *Introducing the patient properly should be a polite, informative process that allows the dentist to gain important information about the patient prior to the treatment.*

- *Here are some examples of information that should be included during the introduction of the patient to the clinical dentist:*

Example of Introducing a Returning Patient:

“Mrs. Jones, this is Dr. Lane.”

“Dr. Lane, Mrs. Jones is a regular patient at the Gulf Coast Dental Clinic. She was last seen in the clinic about 6 months ago (approximately how long ago?) for a prophy (prophy/operative procedure?). Her last FMX was (?) ago, last BWX were (?) ago. Today she is schedule for a #2-MO amalg (what procedure?).”

-OR-

Example of Introducing a NEW Patient:

“Mrs. Jones, this is Dr. Lane.”

“Dr. Lane, Mrs. Jones is a new patient to our dental clinic. She had a FMX/Pano/BWX taken (?) ago (approximately how long ago?) Today, she is here for a prophy/x-rays (what procedure?)”

-ALSO INCLUDE-

Information regarding the status of the patient’s **Medical/Dental History**.

Examples of Medical/Dental History Information:

“Vital signs are WNL, No changes in her medical history since her last visit, and her medical history is unremarkable. She is experiencing no pain today, and has no dental concerns.”

“Vital signs were taken, B/P is 154/94. She has High Blood pressure, Asthma, and a Latex allergy. There have been no changes in her medications or Medical History since her last clinic visit. She reports that #3 fractured while chewing ice. It is extremely sensitive to hot, cold, and pressure.”

“Please observe her medical history and the current list of updated medications”

**For Diabetic patients: “Her last full meal was at _____ o’clock, and she does/does not have her Insulin with her today.”

**For Diabetic, Cardiac, Seizure, HBP patients: “She has/has not taken her regular medications today.

If **Soft Tissue Exam (STE)** was performed, advise the dentist of any abnormal or suspicious findings for observation, or state that the STE was WNL.

Example of Soft Tissue Exam (STE):

“I performed a STE on the Ms. Jones today- everything was WNL.”

“I performed a STE exam today on Ms. Jones. Please observe the buccal vestibule in the lower left quad, near tooth # 28.”


3. Radiological Survey/Intraoral Imaging

- *If clinical dentist prescribes radiographs, Instructor will assist student as necessary. Ensure that appropriate signature and information is recorded on the **Radiographic Exposure Record** form.*
- *Students must also complete the **Radiographic Technique Analysis** form and **Film Interpretation** form as instructed in DES 1200L & DES 1201L.*


4. Operative Procedure(s)

- *During **Clinical Practice I** the Instructor should assist the assigned student with the armamentarium set-up for the specified operative treatment. The Instructor should also remain available chairside with the student during the entire operative/treatment procedure. Six-handed dentistry is utilized during Clinical Practice I.*
- *In **Clinical Practice II**, the Instructor will allow the student to set up the armamentarium for the specified procedure, but perform a final observation to ensure that all appropriate equipment and supplies for the procedure are correct and/or available. Four-handed dentistry is utilized in Clinic II, however the Instructor should remain near operatory at all times during operative procedures.*



5. Treatment Plan

-  *Ensure all proposed dental treatment is entered into Eaglesoft Practice Management System and that a **Treatment Plan/Referral** form is given to patient (original {white} given to patient; copy {yellow} placed in patient's chart).*

6. Dismissal of Patient

-  *Complete Patient "Walk Out" procedures with Eaglesoft Practice Management System.*
- *Student will escort patient to the checkout area of the dental reception desk and dismiss patient.*

7. Progress Notes/Patient Record Management

-  *Complete Progress Notes in Eaglesoft Practice Management System.*
 - *Date and entry should be written into patient's physical chart that indicates which procedure patient was scheduled for (I.e. screening, hygiene, operative, radiology, etc...)*
 - *Faculty and/or Clinical Dentist will initial progress notes after entries have been reviewed and approved.*
 -  *Charting should be updated in Eaglesoft Practice Management System.*
 - *Student must ensure that all documents and forms are checked and verified by the instructor for completion, appropriate signatures and dates.*
 - *Patient's physical chart should be returned to Ms. Pringle's box in the reception office following instructor review / approval.*
 - *Ms. Pringle will return the patient's physical chart to the student's box if she discovers any omitted signatures, incomplete forms, etc. Students are responsible for checking their box on a regular basis to make any corrections needed.*

Dental Assisting

Clinical Procedures Assessment Criteria

I. Professionalism

A. **Professionalism Values** (Current ADEA Statement on Professionalism – refer to Student Handbook for specific definitions):

1. **Competence:** Acquiring and maintaining the high level of special knowledge, technical ability, and professional behavior necessary for the provision of clinical care to patients and for effective functioning in the dental education environment.
2. **Fairness:** Demonstrating consistency and even-handedness in dealings with others.
3. **Integrity:** Being honest and demonstrating congruence between one's values, words, and actions.
4. **Responsibility:** Being accountable for one's actions and recognizing and acting upon the special obligations to others that one assumes in joining a profession.
5. **Respect:** Honoring the worth of others.
6. **Service-Mindedness** Acting for the benefit of others, particularly for the good of those the profession serves, and approaching those served with compassion

II. Clinical Procedures/Protocol

A. Aseptic Technique

1. Follows CDC standard precaution guidelines for infection control (utilizes proper technique in sterilization, disinfection and maintaining asepsis throughout all clinical procedures)
 - a. dental operator
 - b. instruments, equipment and supplies
 - c. dental personnel
 - d. dental patient
 - e. dental radiology equipment and supply

B. Comportment & Time Management

1. follows appointment scheduling procedures
2. interacts professionally with patient
3. expresses concern for patient's welfare
4. utilizes appointment time efficiently
5. cooperates with instructor, staff, and fellow students
6. accepts instructive criticism
7. follows clinic policy in dress, jewelry, hair, etc. (Dental Programs Manual)
8. takes necessary precautions to prevent emergency situations
9. responds to emergency situations appropriately
10. reappoints patient as necessary and/or places on appropriate recall
11. behaves in such a way to appreciate legal and ethical obligations of complete records;
does not remove patient's chart from the dental clinic
12. maintains confidentiality
13. utilizes references and consultations as needed
14. refers patient as needed for further treatment
15. provides post-operative information/instructions as needed
16. values the management of oral tissues for optimum patient comfort
17. clocks in to Eaglesoft at start of assigned clinical sessions; clocks out when session concludes

C. Patient/Operator Positioning (POP)

1. Utilizes proper patient/operator/dental light positioning during procedures to provide maximum visibility and comfort
2. Utilizes patient, operator, and dental light positioning which minimizes patient, operator, and light repositioning

D. Sequence (SEQ)

1. Follows appropriate sequence of treatment as approved by Instructor(s)
2. Obtains Instructor(s) evaluations as indicated before continuing treatment

III. Medical/Dental Histories/Documentation (MDHx)

A. Medical/Dental History

1. Before the first dental appointment the student will review the patient's Medical History Form to determine the following:
 - a. general health status of the patient
 - b. review past medical history of the patient in terms of medications, diseases, health conditions or possible emergency conditions
 - *c. identify any condition requiring special consideration prior to the initial appointment, such as history of rheumatic fever.

2. At the **INITIAL APPOINTMENT** in the dental clinic, the medical history will be orally reviewed with each patient. Prior to receiving an Instructor check, the student will:
- *a. investigate all unanswered questions and answer them
 - b. clarify all "yes" answers to determine and record any significant findings
 - *c. recognize life threatening conditions requiring precautionary measures or premedication – NOTE IN EAGLESOFT and Medical/Dental History
 - d. circle all significant (defined as requiring a change in treatment plan or the way patient treated) responses in **red**
 - *e. obtain and record blood pressure, pulse, respirations, and temperature on *M/DHx and Vital Signs Summary* sheet
 - f. investigate significant findings by questioning the patient and utilizing references and consultations as needed.
 - g. Record medication considerations on *Medication Summary/Dental Considerations* form
 - h. obtain necessary physician's clearance for appropriate patients as indicated
 - i. summarize, in ink, general health conditions on the *M/DHx Update Documentation* form
 - j. note life threatening conditions requiring precautionary measures or premedication in EAGLESOFT, Medical/Dental History, and/or the *M/DHx Update Documentation* form
Examples of conditions would include:
 - 1) premedication
 - 2) severe respiratory problems (COPD)
 - 3) diabetes
 - 4) adverse drug interactions or allergies
 - 5) significant cardiovascular disease
 - 6) communicable diseases
 - 7) others
 - k. obtain patient's signature and initials in ink, in appropriate locations on the *M/DHx* form, the *M/DHx and Vital Signs Summary* form and the *M/DHx Update Documentation* form.
 - l. upon completion, sign and initial the *M/DHx* form, the *M/DHx and Vital Signs Summary* form and the *M/DHx Update Documentation* form, in ink, with name and appropriate "DA" identification:

Dental Assisting Students	First Year Dental Hygiene Students	Second Year Dental Hygiene Students
Fall Semester – DAI	Fall Semester – DHI	Fall Semester – DH IV
Spring Semester – DAII	Spring Semester – DHII	Spring Semester - DHV
Summer Semester - Externship	Summer Semester – DH III	Graduate + BOD License = RDH!
Graduate + DANB = CDA!		

- *m. present completed medical/dental history forms to instructor for check and final signatures/initials
 - n. at the end of each appointment, record the results of the medical/dental history in the patient's Progress Notes.
3. Sequence for SUBSEQUENT APPOINTMENT (When the patient has previously been treated in clinic and treatment is in progress.)
- a. obtain patient chart and review history
 - *b. review history with patient to determine changes
 - c. clarify any changes in history
 - *d. obtain vital signs as recommended by the current blood pressure guidelines
 - *e. record vital signs in appropriate location on *M/D Hx and Vital Signs Summary* form when obtained and include in progress notes
 - f. consult with dentist, PDR, and/or physician as indicated by changes
 - g. date and summarize any significant information on the *M/DHx Update Documentation* form and include in progress notes when writing at the end of the appointment
 - h. write "No changes reported" when indicated
 - i. note life threatening conditions requiring precautionary measures or premedication in EAGLESOFT, Medical/Dental History, and/or the *M/DHx Update Documentation* form
 - *j. present completed medical/dental history notations to instructor for check and final signatures/initials

IV. Radiographic Images (RAD)

- 1. evaluates need for radiographic images/obtains prescription from DMD
- 2. explains value of diagnostic radiographic image(s)
- 3. obtains needed radiographic image(s)
- *4. appreciates the value of protecting patient with lead apron and self by employing radiation safety techniques. Refer to current Dental Programs Manual's *Ionizing Radiation Policy*).
- 5. utilizes proper exposing, developing and mounting techniques/Eaglesoft
- 6. examines, identifies and records findings with DMD
- 7. utilizes radiographic images for optimum treatment of patient (i.e. most current radiographic images displayed on viewbox/computer monitor)

V. Treatment Planning (TxPL)

- 1. consider the most effective treatment plan utilizing the health history, radiographs and other clinical findings and obtain DMD approval
- 2. estimate the number of appointments needed, and determine the procedures to be performed at each appointment and obtain DMD approval

3. advise patient of treatment plan and provide applicable patient education
4. communicates with instructor using proper terminology and appropriate professional language

VI. Patient Treatment (PtTx)

1. Armamentarium:

- a. student should be aware of which procedure patient is scheduled for prior to setting up armamentarium
- b. instrument/supplies/equipment are correctly assembled/powered on and arranged correctly for scheduled dental procedure
- c. sequence of instruments are properly arranged on tray, with remaining instruments not to be used during procedure correctly identified and removed from tray set-up
- d. correct dental materials for procedure are available in armamentarium

2. Chairside Assisting Skills:

- a. seats and prepares patient for operative procedure
- b. places patient napkin on patient
- c. provides patient with safety glasses and positions the operatory light over patient's chest
- d. correctly explains procedure to patient in terminology patient understands
- e. correctly anticipates operator's needs during procedure
- f. maintains proper instrument exchange with the operator
- g. oral evacuation and rinsing techniques are adequate
- h. provides appropriate patient management during and throughout procedure
- i. provides appropriate post-operative instructions specific to the dental operative procedure performed
- j. properly dismisses patient and escorts patient to the dental reception area
- k. properly completes all relevant forms and progress notes with appropriate initials/signatures

3. Operative Procedure:

- a. student recognizes appropriate instrument for each step of the procedure, and anticipates the operator's use of the instrument
- b. student recognizes burs by use/functions and correctly identifies and assembles handpieces with appropriate bur selection

- c. student correctly places topical anesthesia in area of scheduled procedure
- d. safely and appropriately assist operator with transfer of anesthetic syringe, provides patient with oral rinse post injection
- e. provides appropriate mix of dental materials/cements (i.e. base/liner/varnish) when required, with adequate materials/instruments for delivery of materials
- f. when required, matrix band is assembled accurately for specific quadrant in which procedure is being performed
- g. student correctly identifies and assists the operator with steps of amalgam/composite procedure

4. Extractions:

- a. proper **Extraction Consent Form** is explained and signed by the patient
- b. student recognizes and understands the purpose/use of surgical instruments
- c. transfers surgical instruments using a two handed transfer method and a palm grasp
- d. student maintains surgical field for operator during and throughout the procedure
- e. student will provide appropriate patient management throughout procedure and report any signs of distress or change in vitals to the operator
- f. proper oral evacuation techniques and aspiration of the surgical site are performed by student
- g. post operative gauze is placed at surgical site and appropriate Post-Operative Instructions are given to patient, verbally and in writing.

5. Other Expanded Functions:

- a. placement/removal of rubber dam
- b. placement/removal of matrix band
- c. application of pit & fissure sealants
- d. polishing coronal crowns
- e. application of topical fluoride
- f. placement of base/liner
- g. polishing of amalgam restorations

*** No points for the category will be given if the student omits any procedure or fails to make notation of any condition which could alter the treatment plan, this may be on an initial or subsequent appointment**



GULF COAST STATE COLLEGE
DENTAL ASSISTING EVALUATION

DEA 0800L/ DEA 0801L

STUDENT: _____

DATE: _____

DENTIST/FACULTY: _____

Please evaluate the student on the following areas:

- 3-Above Average:** Student performed task adequately with no assistance
- 2-Average:** Student performed task adequately with little assistance
- 1-Below Average:** Student performed task adequately with much assistance
- 0- Clinically Unacceptable/Critical Incident:** Student could not adequately perform task with or without assistance
- N/A-Not Applicable**

<u>PROFESSIONALISM: (18 pts)</u>	3	2	1	0	N/A
Competence	_____	_____	_____	_____	_____
Fairness.....	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____
Responsibility.....	_____	_____	_____	_____	_____
Respect	_____	_____	_____	_____	_____
Service-Mindedness	_____	_____	_____	_____	_____

<u>CLINICAL PROCEDURES/PROTOCOL: (15 pts.)</u>	3	2	1	0	N/A
Aseptic Technique/PPE's.....	_____	_____	_____	_____	_____
Comportment.....	_____	_____	_____	_____	_____
Time Management.....	_____	_____	_____	_____	_____
POP.....	_____	_____	_____	_____	_____
SEQ.....	_____	_____	_____	_____	_____

<u>MEDICAL/DENTAL HISTORY DOCUMENTATION: (18pts)</u>	3	2	1	0	N/A
Review general health status of patient.....	_____	_____	_____	_____	_____
Review past medical/dental history of patient.....	_____	_____	_____	_____	_____
Identify conditions that require special considerations for treatment	_____	_____	_____	_____	_____
All significant entries have been circled in RED.....	_____	_____	_____	_____	_____
Ask adequate follow up questions as needed.....	_____	_____	_____	_____	_____
Medications/Medical Update recorded/updated correctly.....	_____	_____	_____	_____	_____

<u>VITAL SIGNS: (9 pts)</u>	3	2	1	0	N/A
Vital Signs taken correctly.....	_____	_____	_____	_____	_____
Vital Sign entries recorded correctly.....	_____	_____	_____	_____	_____
Faculty approval and signature obtained prior to treatment.....	_____	_____	_____	_____	_____

<u>RADIOLOGY: (15 pts)</u>	3	2	1	0	N/A
Patient safety	_____	_____	_____	_____	_____
Operator safety	_____	_____	_____	_____	_____
Exposure of image receptor.....	_____	_____	_____	_____	_____
Processing of image receptor.....	_____	_____	_____	_____	_____
Mounting/Management of image receptor	_____	_____	_____	_____	_____

ARMAMENTARIUM: (9 pts)

- Student is aware of which procedure is scheduled..... _____
- Instrument set-up is correct for procedure that is scheduled..... _____
- Correct dental materials are available in set-up..... _____

CHAIRSIDE ASSISTING SKILLS: (24 pts)

- Seats and prepares patient _____
- Anticipates operator's needs..... _____
- Instrument exchange..... _____
- Oral evacuation/rinsing techniques _____
- Patient management skills _____
- Provides post-operative instructions..... _____
- Dismissal of patient _____
- Record Keeping/Progress Notes..... _____

OPERATIVE PROCEDURES: (24 pts)

- Recognizes instrument/use _____
- Recognition of burs _____
- Recording treatment entries..... _____
- Applying topical anesthetics..... _____
- Assisting with anesthesia..... _____
- Preparing base/varnish..... _____
- Matrix assembly _____
- Assist with restorations
 - Amalgam or Composite..... _____

EXTRACTIONS: (15 pts)

- Recognition of instruments..... _____
- Maintain the surgical field..... _____
- Monitor the patient _____
- Aspiration of surgical site..... _____
- Place gauze; give P.O.I. _____

TOTALS..... _____

Student Self

Assessment: _____

Faculty

Comments: _____

POINTS EARNED / POINTS POSSIBLE Must achieve $\geq 75\%$ to earn acceptable evaluation	STUDENT INITIALS/FACULTY INITIALS
_____ / _____ = _____ %	_____ / _____



GCSC DENTAL ASSISTING ROTATION FORM

Student Name: _____ **Date of Rotation** _____

Time Started: _____ **Time Finished:** _____ **Total Hours:** _____

Instructor: _____ SA CA OA R D

**The dental assisting student will be evaluated on the following tasks during the rotation.
The student will check (√) each task that was completed. The faculty will award A/U and the corresponding point depending on the acceptability of the performed task(s).**

If the student does not perform a given task, mark the task NA.

Infection Control	√	A(1)	U(0)	NA
Aseptic Technique				
SA-STERILIZATION ASSISTANT (Sterilization Area)	√	A(1)	U(0)	NA
Fill disinfectant bottles for each unit (if necessary) and place gloves & 4X4's in transfer tubs				
Every Tuesday – Perform Biological Indicator (BI) Test on Autoclave(s) – record date and # of sterilizer on BI				
Every Thursday – Read Biological Indicator (BI) – record results on appropriate form in notebook				
Assist fellow students in the preparation of instruments for sterilization				
Demonstrate proper use & maintenance of the Miele system and Autoclave				
Sterilize instruments during and following each assigned clinic session				
Load and unload sterilizers as needed				
Place sterilized student instruments in appropriate assigned cabinet				
Every Thursday drain autoclave and refill with distilled water				
Clean countertops & sink; sweep floor of sterilization galley (mop if necessary)				
At end of clinic – ensure autoclave door is open and OFF				
Organization tasks as assigned by Instructor. Explain:				
Total Points:				
CA-CLINICAL ASSISTANT (Clinic and Dark Room Area)	√	A(1)	U(0)	NA
CRITICAL: At beginning of rotation shift, roll Emergency Cart and O2 tanks to designated location against wall (under AED unit). Return to dispensary at the end of rotation. *These items should be locked in the dispensary when clinic is not in session.				
Turn ON/OFF automatic processor water valves (under sinks) prior to clinic session				
Turn ON/OFF automatic processors & run cleaning film through unit(s) prior to clinic session				
Turn ON/OFF ScanX unit in both locations				
Ensure safe lights are functioning and ON at the beginning and OFF at the end of clinic session				
Check automatic processor solutions & replace when needed				
Check manual processor solutions & replace when needed				
Check inventory for items that are low – place inventory tag in box or inform Clinical faculty				
Clean and maintain automatic processors (rollers) as directed (DAILY, WEEKLY, MONTHLY)				
Maintain clean darkroom – clean counter tops & sweep floors (mop if necessary)				
Using a #2 size film(s), expose a PA radiograph of the Max. Central Incisors on "David DXXTR" in Operator #20. Develop normally using the automatic processor(s). Date and mount the film in a progressive film mount specific to the automatic processor that was used. Store the completed films in the red Radiography notebook.				
Maintain clean student break room & restrooms – clean counter tops, tables/chairs, window sills, sink, microwave oven, refrigerators & sweep floors (mop if necessary)				
Tie up trash in student break room if full – place in darkroom hallway for cleaning crew; replace trash bag				
Ensure that laundry is properly managed – gowns, blankets, pillows washed, dried, folded or hung on hangers in laundry room. Sweep/mop floors of laundry area if necessary. Check laundry needs in HS 109; launder if necessary.				

Stock clinical/operatory supplies as needed (i.e.-anesthetic, needles, cotton tip applicators)				
Check all eyewash stations and record in book - WEEKLY				
Re-fill cups, paper towels, soap dispensers, gloves if necessary				
Sharpen pencils and restock pens, etc. and straighten radiology desk/drawers				
Place labels on x-ray mounts, place barriers on phosphor plates				
Tie up trash (2 cans) in darkroom if full – place in darkroom hallway for cleaning crew; replace trash bag(s)				
Return any impression trays in sterilization to HS 109 (Dental Materials Lab). While in HS 109 check ultrasonic tub for impression trays, wash thoroughly, bag for sterilization and transport to clinic for				
Ensure evacuation lines in each operatory are treated with SLUGBUSTER solution at end of day				
Ensure Vacuum and Compressor buttons OFF at end of clinic session				
Organization tasks as assigned by Instructor. Explain:				
Total Points:				
OA – Office Assistant (Reception Area)	√	A(1)	U(0)	NA
Record appointments for patients properly and accurately (place your initials & date next to appointment)				
Inform fellow students of any change in their schedule(s)				
Obtain records of patients scheduled for next clinic session and place in student file slot				
File patient charts without error				
Enter proper information in Eaglesoft OnSchedule & patient progress notes (BA, FA, CA, RS)				
Make new charts for new patients as instructed by Receptionist				
Demonstrates proper use of computer system/Eaglesoft Practice Management Software				
Assists Receptionist with payment collection				
Ensures all clinic forms are available – notifies Receptionist when more copies are needed				
DAILY – conduct one chart audit as directed by Receptionist				
Uses 3-hole or 2-hole punch to prepare documents as directed by Receptionist				
Distribute mail to student mailboxes as directed				
Vacuum/Dust Waiting area – organize magazines				
Clean/Dust Receptionist desk & countertops				
Clean front doors and framed pictures with glass cleaner (if necessary)				
Frequently inspect and maintain cleanliness of patient lobby area				
Organization tasks as assigned by Instructor. Explain:				
Total Points:				
R-ROVER	√	A(1)	U(0)	NA
Assist fellow classmate in setting up armamentarium for scheduled procedure				
Assist classmate with retrieving any needed instruments or supplies during procedure				
Remain chairside during procedure for observation as a learning opportunity				
Assist classmate with following procedures of disinfection of operatory				
Assist Clinical Assistant with any and all tasks needed				
Organization tasks as assigned by Instructor. Explain:				
Total Points:				
NP- No patient				Check relative items above
Assist with the duties listed above as assigned by Instructor				
Total Points:				
D-DISPENSARY				
Familiarize yourself with the storage dispensary and location of stored items/supplies				
Assist fellow classmates with retrieving items/supplies they require for clinic procedures				
Do not allow students to freely come in and retrieve items				
Maintain inventory control by identifying any supplies/equipment noticeably low on stock and record in notebook				
Total Points:				
Professionalism				
Competence				
Fairness				
Integrity				
Responsibility				
Respect				
Service-mindedness				

Comments:

Total points earned: ____/____ Total points possible
(Must achieve ≥ 75% to earn acceptable evaluation)

Faculty Signature Date

Student Signature Date

After obtaining Instructor’s assessment and signature, the STUDENT must sign and return the form to his/her Course Coordinator in order to earn attendance and be eligible for daily grade.

DH Process of Care Sequence



Denotes use of Eaglesoft Practice Management System

1. **Medical/Dental History with Vitals, Med. Clearance (if warranted), Patient Treatment Consent Form, Notice of Privacy Practices/Patient Rights, Appointment Scheduling Policy, Caries & Perio Risk Assessments**



INSTRUCTOR MUST Evaluate Medical/Dental History, Vitals, Caries & Perio Risk Assessments before proceeding

2. **Patient Assessment (work-up)**



Obtain DMD prescriptive exam prior to this process to determine Radiographic Needs)

- a. Patient Pre-Procedural Rinse
- b. Extraoral/Intraoral Exam (gingival exam, occlusion, add'l findings)
- c. Dental Charting
- d. ***IF NEEDED***, expose radiographic images
 - Bring Technique Analysis Form to faculty to evaluate for retakes; expose retakes if applicable
 - Complete the Radiographic Interpretation
- e. ***IF NEEDED***, sign-up/obtain Dentist Exam
 - Dentist exam is needed every 13 months. Select the type of exam.
 - ❖ Comprehensive Exam – new pts, following FMX/Pano or recare pt with extensive changes
 - ❖ Periodic Exam – recare pts after BWX
 - ❖ Limited Exam – problem focused
 - Dentist – verifies findings on Radiographic Interpretation Form
 - Dental Treatment Recommendations Form (document dental tx recommendations per clinic dentist). Give patient white copy and keep yellow copy in the patient's chart
- f. Calculus detection on Tal-Eval using the calculus assessment table
- g. Periodontal Charting



(Instructor Evaluation – determine Calculus & Perio Skill Levels)

3. **DH Treatment Planning**

- a. Dental Hygiene Treatment Care Plan
- b. Obtain N/S Tx Consent Form if necessary (Calculus and/or Perio Class \geq III patients)



(Instruction Evaluation – bring DH Treatment Plan & if needed N/S Tx Consent Form to faculty station for review/approval)

4. **DH Treatment Care Plan Presentation/ Patient Instruction**

- h. Explain Dental Hygiene Treatment Care Plan – **patient and student sign**
- i. Oral Debris Index recorded & calculated *****Do not disclose right before Dentist exam***
- j. Perform patient education – patient becomes plaque free



INSTRUCTOR will verify signatures on DH treatment Care plan, Oral Debris Index Record and patient's plaque free status

5. **IF NEEDED, Pain Management**

- k. Obtain Local Anesthesia armamentarium



MUST be evaluated by Instructor/Clinic Dentist before proceeding

6. **Mechanical Debridement of crowns and roots. (Manual or Ultrasonic Instrumentation)**
NOTE: Students should stop after each quadrant unless approved by faculty. Prior to faculty evaluation, students will need to select all surfaces of the teeth debrided on the Calculus Assessment Chart in Tal- Eval.



MUST be evaluated by Instructor before proceeding

7. **Selective Polishing/Stain Removal (Prophy Cup and/or air abrasive) & Flossing**



MUST be evaluated by Instructor before proceeding

8. **Therapeutic Agent**
- Chemical Debridement/Irrigation
 - Fluoride
 - Hypersensitivity application
 - Arestin application


9. **Ensure all Proposed Dental Treatment is entered into Eaglesoft** 

10. **Ensure Recall interval entered into Eaglesoft** 

11. **Initial and date procedures completed on the Services and Fees Tracking Tool. Complete Patient "Walk Out"** 



MUST verify accuracy of patient walk-out & Services and Fees. Students request permission to dismiss patient.

12. **Complete the Progress Notes & Radiographic Technique Analysis (if applicable) and submit to Instructor within 1 week of the appointment date.** 

- l. Complete the Progress Notes Form in the patient's physical chart
- m. Complete Eaglesoft Progress Notes using the appropriate autonote.
- n. If applicable - Complete the Radiographic Technique Analysis Form; place in the pocket of the patient's chart
- o. Place completed patient's chart in your assigned instructor's mailbox
 - Instructor will review the patient's chart, Eaglesoft progress notes, grade the Technique Analysis Form and sign if approved.
 - ❖ *If not approved, the needed modifications will be written on note and attached to the patient's physical chart. The patient's physical chart will be placed back into the student mailbox for correction.*
 - ❖ *Once corrected, place the physical chart back in the instructor's mailbox for approval.*

PLEASE MANAGE YOUR TIME AND PLAN ACCORDINGLY

The instructor may allow a student to continue without a designated Instructor Check but the student must request one at each stage regardless.

GCSC DENTAL HYGIENE

PRE-CLINICAL AND CLINICAL GRADING WITH TAL-EVAL

TAL-EVAL AND DAILY POINTS WILL BE USED TO DETERMINE PRE-CLINICAL/CLICAL GRADES. All students are entered in Tal-Eval every pre-clinic/clinic day.

TAL EVAL METHOD: Gulf Coast State College utilizes the “Objective Method” grading system that utilizes a mathematical formula based on three different factors:

1. Mean of total class performance in every skill set
2. Deduction of “Critical Errors” in every skill set for individual student performance.
3. Points gained from patient treatment types (calculus and periodontal skill levels)

DAILY POINTS – WILL BE AWARDED FOR PRECLINICAL/CLINIC SESSIONS WITHOUT A PATIENT (PRE-CLINIC, DUTY DAY, WORKSHOP OR LA DAY). Daily point deductions are recorded in the header of Tal-Eval.

PATIENT QUOTA/REQUIRMENTS: ALL ADULT PATIENTS MUST HAVE ≤18 TEETH TO RECEIVE CREDIT.

PATIENT AGE CLASSIFICATIONS:

1. Child 3-11
2. Adolescent 12-17
3. Adult 18-61
4. Geriatric over 62

POINT VALUES: Below are the point values for each clinic that demonstrates a progressive level of difficulty.

Point Values

DH Clinic I (Spring) ▾

Calculus Classes		Perio Levels	
Calc Class	Points	Perio Level	Points
0	0.25	0	0.00
I	1.00	I	0.10
II	2.00	II	0.50
III	2.25	III	0.75
IV	0.00	IV	0.00

Point Values

DH Clinic II (Summer) ▾

Calculus Classes		Perio Levels	
Calc Class	Points	Perio Level	Points
0	0.15	0	0.00
I	0.75	I	0.05
II	1.50	II	0.25
III	2.00	III	0.50
IV	2.25	IV	0.50

Point Values

DH Clinic III (Fall) ▾

Calculus Classes		Perio Levels	
Calc Class	Points	Perio Level	Points
0	0.10	0	0.00
I	0.25	I	0.00
II	0.75	II	0.20
III	1.25	III	0.45
IV	1.75	IV	0.50

Point Values

DH Clinic IV (Spring) ▾

Calculus Classes		Perio Levels	
Calc Class	Points	Perio Level	Points
0	0.05	0	0.00
I	0.15	I	0.00
II	0.50	II	0.15
III	1.00	III	0.40
IV	1.50	IV	0.45

CLINICAL GRADING FORMAT: Each student will be evaluated on the Dental Hygiene Process of Care. The Dental Hygiene Process of Care is divided into 4 major categories and 14 subcategories which are listed below in the tables.

- Evaluation Symbols:**
- Red +** indicates critical errors
 - +** indicates accuracy
 - ✓** indicates a minor or single error
 - X** indicates multiple errors in the category
 - N** indicates item not performed

Save Grade Details

Assessment 1 - 40						Planning 41 - 45						Implementation 46 - 73						Evaluation 74 - 95							
Risk ▾												Eoio ▾													
SubCompetency	+	✓	X	N/A	Comm							SubCompetency	+	✓	X	N/A	Comm								
Medical/Dental History Review/ Update Completed	1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								ABNORMAL/atypical findings documented	11	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
Identifies Need for Premedication and ask appropriate follow-up questions	2	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								Technique & Sequence	12	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
Obtains Vital Signs	3	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								Follow-up on abnormal/atypical findings	13	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
Accurate Vital Signs	4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								Recognition of Oral Habits (mouth breathing, thumbsucking, etc.)	14	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
Documents medications and contraindications	5	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
NOTIFIES Instructor of M/DHx & risk factors at check-in	6	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
Completes Medical Clearance form (if needed)	7	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
Completes Perio Risk Assessment	8	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
Completes Caries Risk Assessment	9	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
Reviews COVID-19 Questionnaire	10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				

EO/IO

Item 11 – for anything that was missed (ex. tori) and only give a check (no matter how many EO/IO findings were missed)

Item 12 – for wrong sequence (ex. going from EO to IO and back to EO)

Occl ▾						
SubCompetency		+	✓	×	N/A	Comm
Occlusion discrepancies (overjet, overbite, openbite, crossbite, midline shift)	15	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Angle's classification	16	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Perio ▾						
SubCompetency		+	✓	×	N/A	Comm
Gingival description: condition, color, size, shape, texture, inflammation	17	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pocket measurement accuracy	18	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Recession measurements	19	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
C.A.L. Measures zone of attached gingiva, notes clinical attachment level	20	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Bleeding points noted	21	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mobility accurately classified and documented	22	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Furcation involvement (symbols on chart)	23	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Accurate Perio classification	24	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Rad ▾						
SubCompetency		+	✓	×	N/A	Comm
PRESCRIPTION/Approval prior to taking radiographs	25	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Protection of Patient with Lead Apron	26	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Radiographic Interpretation/findings	27	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Radiographic Technique and Analysis	28	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Type and Grade of Radiograph	29	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Hrd tis ▾						
SubCompetency		+	✓	×	N/A	Comm
Documents Present/Missing teeth	30	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Identifies attrition, abrasion, erosion, decalcification, hypocalcification if present	31	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Documents Accurate Restoration(s)	32	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Caries identified accurately	33	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ABNORMALITY rotations, versions, migrations	34	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
UPDATES at successive and recare appointments	35	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Dep ▾						
SubCompetency		+	✓	×	N/A	Comm
Supra underassessed /overassessed	36	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sub underassessed/overassessed	37	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Assessment of stain	38	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Accurate oral debris index score	39	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Accurate Calculus Classification	40	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Occlusion

Item 15 – only give a check (no matter how many occlusion discrepancies were missed)

Item 16 – only check for Angle's classification (not matter how many is missed)

Perio

Item 17 – only give a check (no matter how many characteristics were missed)

Item 18 – give an X for 2 or more pockets that were missed by more than 1mm

Item 19 – mark a check for one area of recession missed & X for multiple

Item 21 – mark a check for one or multiple areas of bleeding

Radiology

Item 29 – give a check if do not pass radiographs; always write x-ray grades each time radiographs were taken

Hard Tissue

Item 30 – give an X for 2 or more missing teeth

Item 32 – give an X for 2 or more restorations

– give a check for wrong surfaces for restorations

Item 34 – give a check for one or multiple rotations missed

Deposit

Students will use the Calculus Assessment Chart to indicate the presence of supragingival and subgingival surfaces with calculus. Once logged in, the instructor will select the surfaces with student errors and Tal-Eval will generate the percentage.

Item 36-37 – give check if calculus assessment is not done

– using the chart below, give no deduction, check or X based on percentage of calculus missed during the assessment

– The student will indicate calculus deposit findings on the Patient Evaluation form

CALCULUS DETECTION COMPETENCY LEVELS		
<u>DEH 1800L/DEH 1802L</u> Supragingival ≥90% no deduction <ul style="list-style-type: none"> • √ = 89% - 80% • X= ≤79% 	<u>DEH 2804L</u> Supragingival ≥95% no deduction <ul style="list-style-type: none"> • √ = 94% - 85% • X= ≤84% 	<u>DEH 2806L</u> Supragingival 100% no deduction <ul style="list-style-type: none"> • √ = 99% - 90% • X= ≤89%
Subgingival ≥85% no deduction <ul style="list-style-type: none"> • √ = 84% - 75% • X= ≤74% 	Subgingival ≥90% no deduction <ul style="list-style-type: none"> • √ = 89% - 80% • X= ≤79% 	Subgingival ≥95% no deduction <ul style="list-style-type: none"> • √ = 94% - 85% • X= ≤84%

Save Grade Details

Assessment 1 - 40
Planning 41 - 45
Implementation 46 - 73
Evaluation 74 - 95

SubCompetency	+	✓	✗	N/A	Comm	
Formulates, presents the Dental Hygiene Care Plan	41	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Documents and presents Dental Treatment Recommendations	42	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
PLANS for pain control and stress reduction	43	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Explains the need for referral to a specialty practice	44	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Patient CONSENT of plan confirmed with signatures	45	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Save Grade Details

Assessment 1 - 40 Planning 41 - 45 **Implementation 46 - 73** Evaluation 74 - 95

Prev						Pain C					
SubCompetency	+	✓	✗	N/A	Comm	SubCompetency	+	✓	✗	N/A	Comm
Patient Education (OHI, Tobacco cessation, Nutritional Counseling, IOC etc.)	46	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SAFETY/INDICATIONS/CONTRAINDICATIONS	52	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluoride treatment and post-op instructions	47	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SELECTION of type of local anesthetic	53	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of fixed or removable appliances	48	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Local anesthesia set up	54	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient as plaque free as possible after OHI	49	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	LA TECHNIQUE	55	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pit & Fissure sealants as prescribed, techniques, results	50	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DOCUMENTS record: type, amount, effectiveness, reactions	56	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Application of chemotherapeutic agents (Arestin, topical, desensitizing agents CHX etc.)	51	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Type of Injections Given	57	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Inst						Calc					
SubCompetency	+	✓	✗	N/A	Comm	SubCompetency	+	✓	✗	N/A	Comm
Patient operator positioning	58	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Supra removed	70	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate sequence of treatment as approved	59	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sub removed	71	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate patient use of ultrasonics	60	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	LACERATIONS (requiring sutures and follow-up)	72	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate ultrasonic set-up, tip/setting used	61	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Self evaluates (use of explorer and air)	73	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate Instrument selection/adaptation	62	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Competent use of probe	63	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Competent use of explorer(s)	64	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Competent use of curet(s)	65	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Competent use of scaler(s)	66	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Scaling pressure, control and strokes	67	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Removal of extrinsic stain and biofilm	68	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Accurate use of Air/Manual Polisher	69	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

Instrumentation

Item 59 – give check for incorrect appointment sequence

Item 65-66 – mark a check when calculus is still present after debridement

Item 63 – also give check if have incorrect probe readings

Item 64 – use when sub calculus remains & student not successfully self-assessing with explorer

Item 67 – use for minor laceration(s) not requiring follow-up.

Calculus Removal

Instructors refer to the Calculus Assessment Chart and evaluate calculus removal for the surfaces identified with supragingival and subgingival calculus. NOTE: instructors may reference the Patient Evaluation Form for the number of surfaces with supragingival and subgingival calculus in each sextant.

Item 70 – Manually calculate the supragingival calculus removal %.

- To calculate, use the number of supragingival surfaces with calculus removed by the students in the treatment area **divided** (÷) by the total number of surfaces with supragingival calculus present in the treatment area.
- Refer to the chart below and give no deduction, check or X based on the percentage for supragingival calculus removal

Manually calculate the subgingival calculus removal %

- To calculate, use the number of subgingival surfaces with calculus removed by the students in the treatment area **divided** (÷) by the total number of surfaces with subgingival calculus present in the treatment area.
- Refer to the chart below and give no deduction, check or X based on the percentage for subgingival calculus removal

CALCULUS REMOVAL COMPETENCY LEVELS		
<u>DEH 1800L/DEH 1802L</u> <i>Supragingival</i> ≥90% no deduction <ul style="list-style-type: none"> • √ = 89% - 80% • X= ≤79% 	<u>DEH 2804L</u> <i>Supragingival</i> ≥95% no deduction <ul style="list-style-type: none"> • √ = 94% - 85% • X= ≤84% 	<u>DEH 2806L</u> <i>Supragingival</i> 100% no deduction <ul style="list-style-type: none"> • √ = 99% - 90% • X= ≤89%
<i>Subgingival</i> ≥85% no deduction <ul style="list-style-type: none"> • √ = 84% - 75% • X= ≤74% 	<i>Subgingival</i> ≥90% no deduction <ul style="list-style-type: none"> • √ = 89% - 80% • X= ≤79% 	<i>Subgingival</i> ≥95% no deduction <ul style="list-style-type: none"> • √ = 94% - 85% • X= ≤84%

Item 73 – use when supra calculus remains & student not successfully self-assessing with air

- also use when calculus remains and asked student if he/she self-assessed

Item 64 & 73 – do not mark together

Save Grade Details

Assessment 1 - 40
Planning 41 - 45
Implementation 46 - 73
Evaluation 74 - 95

QA ▾						Ethics/Prof ▾					
SubCompetency	+	✓	X	N/A	Comm	SubCompetency	+	✓	X	N/A	Comm
Treatment plan followed/modified	74	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ADEA Professionalism Values	84	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Updates assessments at follow-up appointments	75	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Patient Safety	85	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equipment preparation set up/break down	76	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Attendance	86	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DOCUMENTATION in the hard chart	77	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Time Management	87	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DOCUMENTATION computer	78	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Patient	88	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makes certain all chart entries have signatures	79	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Infection Control (Minor)	89	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chart turned in within one week date of service	80	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Infection Control (Major)	90	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals recommended/documented to patient (if needed)	81	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	HIPAA	91	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Re-eval (if needed)	82	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Teampayer/ work ethic	92	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Presentation self-evaluation section is completed	83	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Acknowledges and CORRECTS errors	93	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						Verbal/written communication skills	94	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						FOLLOWS, rules, laws and regulations	95	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save Grade Details

QA

Item 77 – check for any signatures missing

Ethics/Professionalism

Item 85 – patient safety & major infection control breaks (critical error)

Item 87 – student not using time appropriately and staying on task

Item 88 – Mark only if student did not put forth an effort to

Item 89 – minor error(s) defined as an error that did not cause direct cross contamination with no/little harm.

Ex: no barrier for x-ray machine

Item 90 – major error(s) defined as an error that resulted in direct contamination or high probability of contamination or harm. Ex: using unsterilized instruments, not wearing gloves during patient care

Tal-Eval How to Grade Step by Step Instructions

1. Go to www.Tal-Eval.com and enter username (email) and password (same as Eaglesoft). Students should be entered into Tal-Eval for every preclinic/clinical session including preclinic, patient clinic, duty sessions (clinical assistant, screener, screener assistant, office assistant, and local anesthesia (LA) sessions).

TalEval - Dental Clinical Evaluation

➔ Sign-in

Email Address/User Name
mstewart@gulfc coast.edu

Password
.....

Sign In [Password Reminder](#)

By clicking Sign In, you agree to, and have read and acknowledge the [Privacy & Terms](#) of the website.

[Forms & Guides](#) [Renewal Quotes/Training Videos](#)

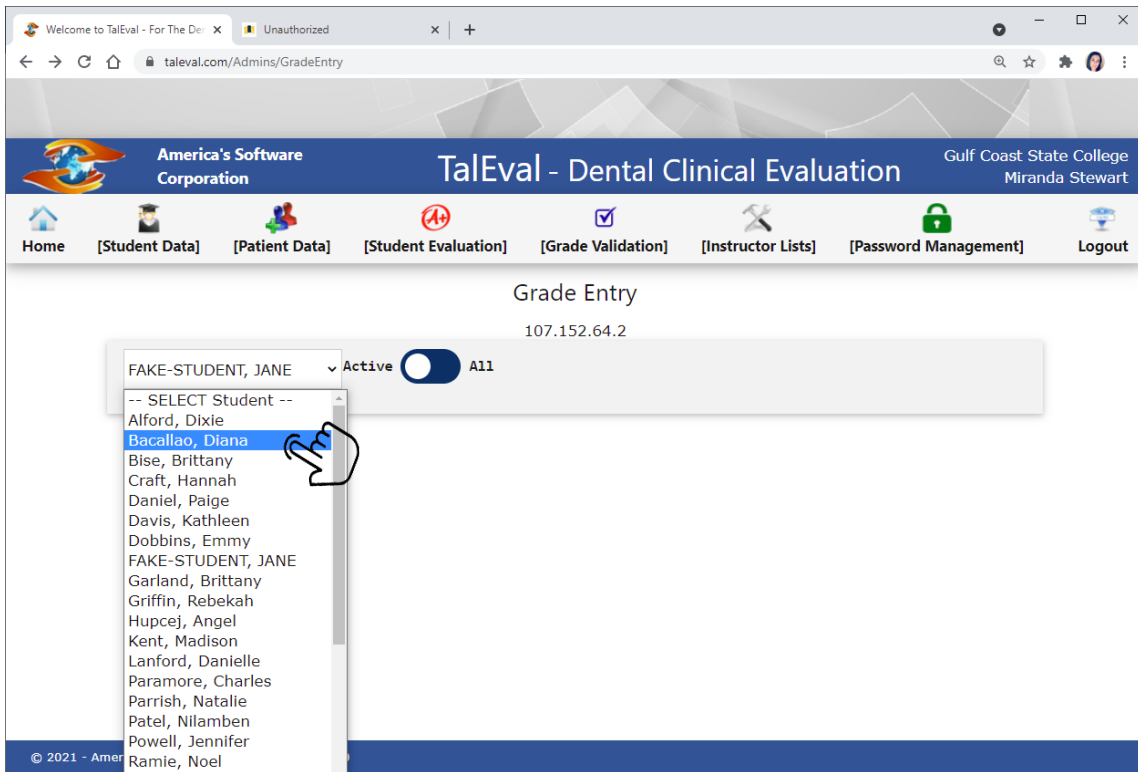
2. Go to the Student Evaluation Dropdown, and select Enter/Update Grades

America's Software Corporation TalEval - Dental Clinical Evaluation Gulf Coast State College Miranda Stewart

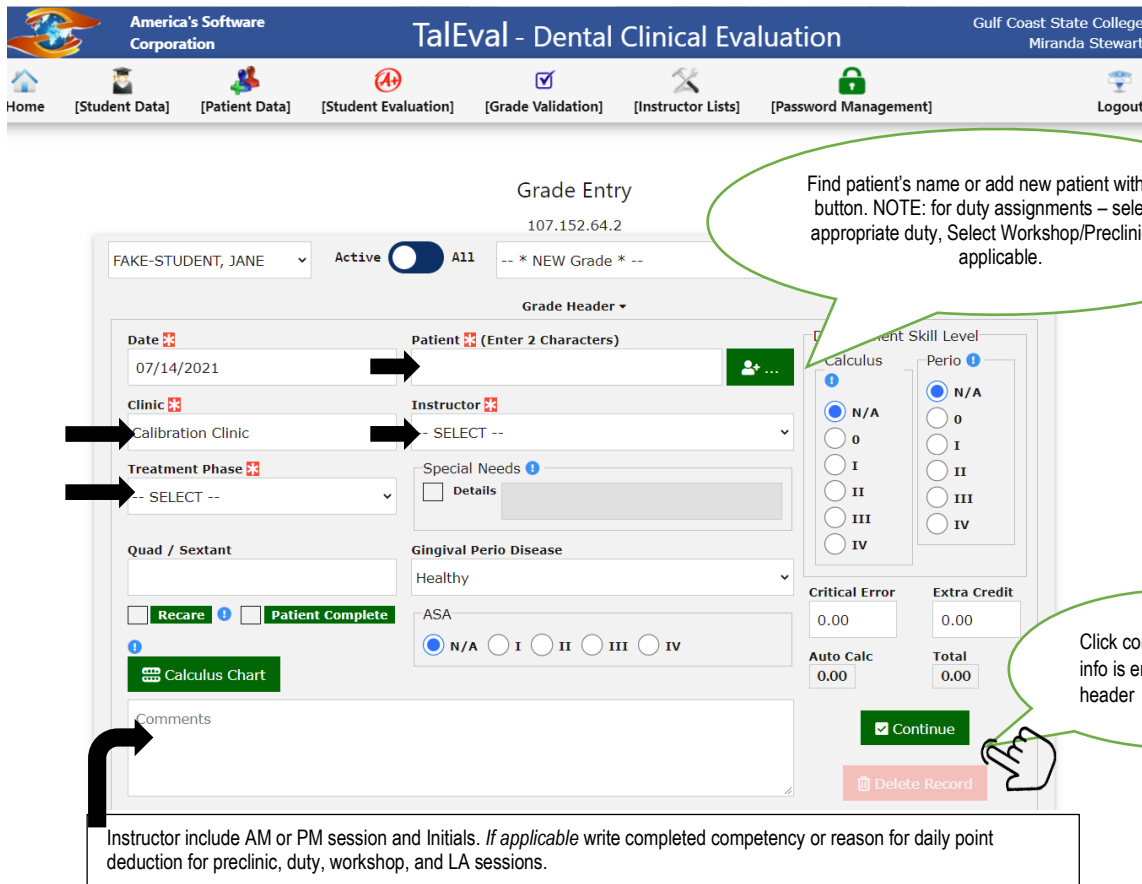
Home [Student Data] [Patient Data] [Student Evaluation] [Grade Validation] [Instructor Lists] [Password Management] Logout

Enter / Update Grades
Individual Formative Grade Report
Individual Student Grade Report
Instructor Calibration Graph
Master Grid Report
Patient Care Report
Patient Type Tracking Report
Progression of Skill Development
Subcategory Errors by Student Report
Technique Evaluations
Treatment Phase Report

3. Select student



4. Create a header. Add patient, instructor, clinic, treatment phase, ASA. If applicable include: special needs (with description), gingival perio disease, quad/sextant (if scaling), and Calculus and Perio Skill Level (if scaling)



- After designated faculty check, enter evaluations findings under the appropriate process of care tab: Assessment, Planning, Implementation, or Evaluation. Review each line item and select one of the following. Make sure to click on the comment for student feedback. All deductions will need a comment; however, feel free to add positive feedback.

- +** indicates accuracy
- ✓** indicates a minor or single error
- X** indicates multiple errors in the category
- N/A** indicates item not performed

TalEval - Dental Clinical Evaluation

Student: FAKE-STUDENT, JANE Grade: Duty, Clinical Assistant - 07/14/2021 - Calc - Perio - M.S. - Calibration Clinic

Risk	SubCompetency	+	✓	X	N/A	Comm
1	Medical/Dental History Review/ Update Completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="button" value="Comment"/>
2	Identifies Need for Premedication and ask appropriate follow-up questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="button" value="Comment"/>
3	Obtains Vital Signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="button" value="Comment"/>
4	Accurate Vital Signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="button" value="Comment"/>
5	Documents medications and contraindications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="button" value="Comment"/>
6	NOTIFIES Instructor of M/DHx & risk factors at check-in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="button" value="Comment"/>
7	Completes Medical Clearance form (if	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="button" value="Comment"/>

- Once evaluation information and comments are entered, save the grade details.

TalEval - Dental Clinical Evaluation

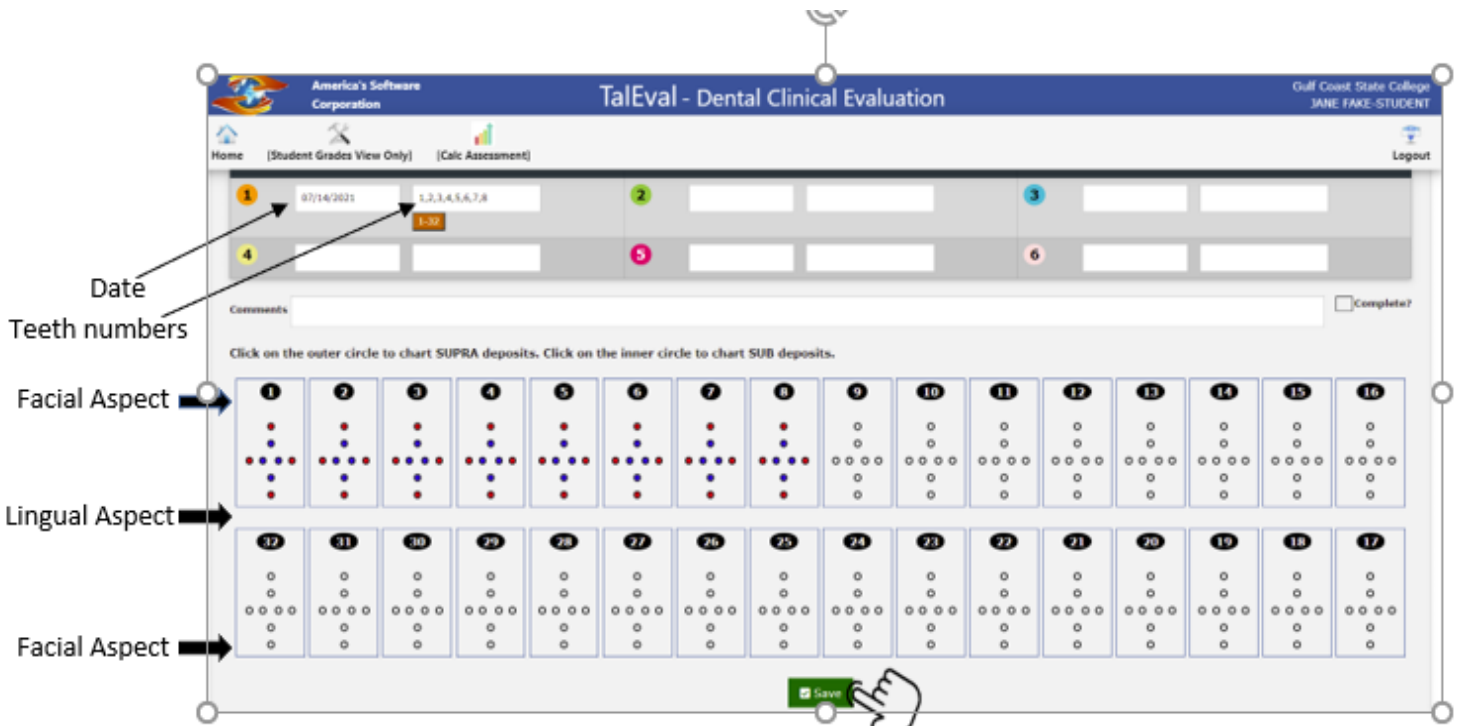
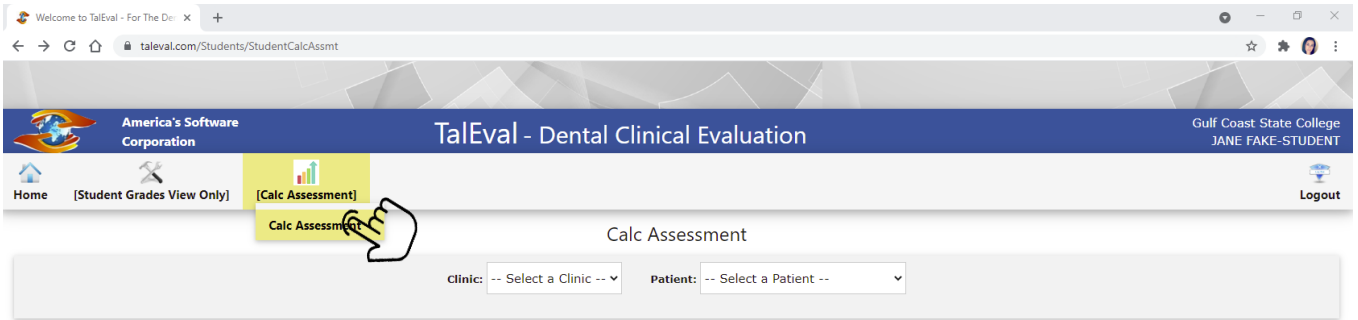
Student: FAKE-STUDENT, JANE Grade: Duty, Clinical Assistant - 07/14/2021 - Calc - Perio - M.S. - Calibration Clinic

TP	SubCompetency	+	✓	X	N/A	Comm
41	Formulates, presents the Dental Hygiene Care Plan	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="button" value="Comment"/>
42	Documents and presents Dental Treatment Recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="button" value="Comment"/>
43	PLANS for pain control and stress reduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="button" value="Comment"/>
44	Explains the need for referral to a specialty practice	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="button" value="Comment"/>
45	Patient CONSENT of plan confirmed with signatures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="button" value="Comment"/>

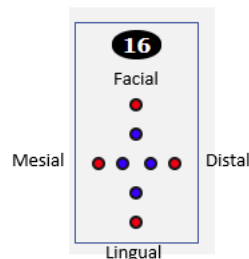


7. For calculus detection assessment:

- a) The student must enter the teeth being evaluated on the Calculus Chart and select the surfaces of teeth with supragingival and subgingival calculus. NOTE: four (4) surfaces (mesial, distal, buccal/facial, lingual) will be evaluated for the presence of supragingival and subgingival calculus.



NOTE: 4 Red outer circles represent supragingival calculus, 4 Blue inner circles represent subgingival calculus



- b) The faculty must log into Tal-Eval, click on Calculus Chart in the header, select the supra and sub surfaces with calculus detection errors and click save. Once saved, the supragingival and subgingival calculus detection assessment % will appear to the right of the appt./teeth number box. Refer to the competency level for each clinic to determine if there will be no deduction, check or X.

Grade Entry

107.152.64.2

FAKE-STUDENT, JANE Active A11 Duty, Clinical Assistant - 07/14/2021 - Calc - Perio - M.S. - Calibration Clinic

Grade Header

Date: 07/14/2021 Patient: (Enter 2 Characters) Duty, Clinical Assistant

Clinic: Calibration Clinic Instructor: Miranda Stewart

Treatment Phase: Subsequent Appointment Special Needs: Details

Quad / Sextant: 1 Gingival Perio Disease: Healthy

Recare Patient Complete ASA: N/A I II III IV

Debridement Skill Level: Calculus: N/A 0 I II III IV Perio: N/A 0 I II III IV

Critical Error: 0.00 Extra Credit: 0.00

Auto Calc: 0.00 Total: 0.00

Save Grade Header

Visit #	Assess Date	Teeth Numbers	Supra	Sub	Visit #	Assess Date	Teeth Numbers	Supra	Sub	Visit #	Assess Date	Teeth Numbers	Supra	Sub
1	07/13/2021	3,9,12,19,25,28	95.83 %	95.83 %	2	07/13/2021	1,2,4,5,6,7,8	92.86 %	92.86 %	3	07/14/2021	10,11,13,14,15	95.00 %	85.00 %
4					5					6				

Comments: Complete?

Save Following Visits: 1 2 3 4 5 6

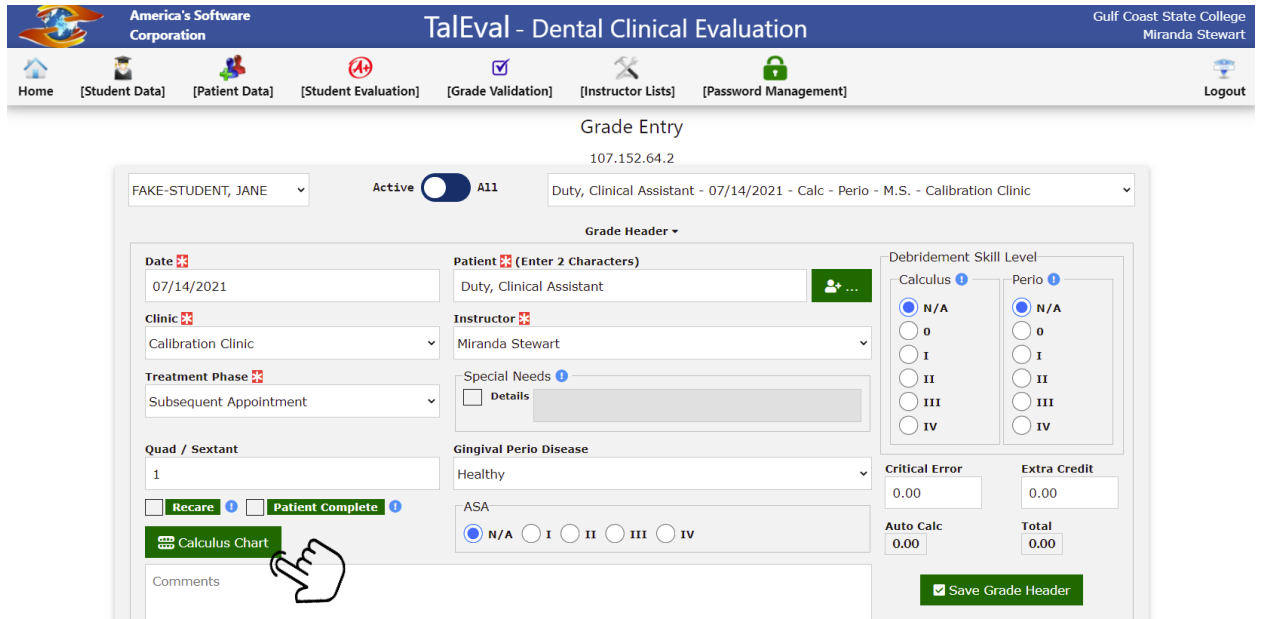
Save

Once incorrect findings are marked and visit is saved, calculation will appear and visit will be locked to student.

Supragingival & Subgingival calculus detection percentages

CALCULUS DETECTION COMPETENCY LEVELS		
DEH 1800L/DEH 1802L <i>Supragingival</i> ≥90% no deduction • V = 89% - 80% • X = ≤79%	DEH 2804L <i>Supragingival</i> ≥95% no deduction • V = 94% - 85% • X = ≤84%	DEH 2806L <i>Supragingival</i> 100% no deduction • V = 99% - 90% • X = ≤89%
<i>Subgingival</i> ≥85% no deduction • V = 84% - 75% • X = ≤74%	<i>Subgingival</i> ≥90% no deduction • V = 89% - 80% • X = ≤79%	<i>Subgingival</i> ≥95% no deduction • V = 94% - 85% • X = ≤84%

8. For debridement assessment, faculty will manually calculate supragingival and subgingival calculus removal percentages for the treatment area.
- a) Faculty will need to reference the Calculus Chart and evaluate the supragingival and subgingival calculus surfaces identified during calculus detection assessment. NOTE: the number of supragingival and subgingival surfaces per sextant can be found on the Patient Evaluation Form.



b). To calculate calculus removal:

$$\frac{\text{\# of supra surfaces student removed in treatment area}}{\text{\# of total supra surfaces in treatment area w/calculus}} = \%$$

$$\frac{\text{\# of sub surfaces student removed in treatment area}}{\text{\# of total sub surfaces in treatment area w/calculus}} = \%$$

c). Refer to the competency level for calculus removal for each clinic to determine if there will be no deduction, check or X.

CALCULUS REMOVAL COMPETENCY LEVELS		
<u>DEH 1800L/DEH 1802L</u> <i>Supragingival</i> ≥90% no deduction <ul style="list-style-type: none"> • ✓ = 89% - 80% • X = ≤79% 	<u>DEH 2804L</u> <i>Supragingival</i> ≥95% no deduction <ul style="list-style-type: none"> • ✓ = 94% - 85% • X = ≤84% 	<u>DEH 2806L</u> <i>Supragingival</i> 100% no deduction <ul style="list-style-type: none"> • ✓ = 99% - 90% • X = ≤89%
<i>Subgingival</i> ≥85% no deduction <ul style="list-style-type: none"> • ✓ = 84% - 75% • X = ≤74% 	<i>Subgingival</i> ≥90% no deduction <ul style="list-style-type: none"> • ✓ = 89% - 80% • X = ≤79% 	<i>Subgingival</i> ≥95% no deduction <ul style="list-style-type: none"> • ✓ = 94% - 85% • X = ≤84%

9. Once the dental hygiene treatment is complete, ensure the recare & patient complete boxes are checked. Then select SAVE GRADE DETAILS.

The screenshot shows the 'Grade Entry' form with the following fields and values:

- Date:** 06/07/2021
- Clinic:** NON GRADED
- Treatment Phase:** 02. Initial appointment with student
- QRM / Student:** Section 1
- Recare:** **Patient Complete:**
- Calculate Chart:**
- Patient (Enter 2 Characters):** Doe, John 01/01/1990
- Instructor:** Cynthia Siron
- Special Needs:** Details: wheel chair
- Gingival Inflammation:** Generalized Gingivitis
- ASA:** N/A I II III IV
- Debridement Skill Level:** N/A 0 I II III IV
- Period:** N/A I II III IV
- Critical Error:** 0.00
- Auto Calc:** 0.25
- Extra Credit:** 0.00
- Total:** 0.25
- Comments:** Completed Initial Assessment
I-CB The patient said they had surgery. Please ask them when and what the surgery was and if any other details
- Buttons:**

Review the header to make sure all entries are correct. Then save



Dental Clinic Screening Form

Patient's Name: _____

Referred to Clinic: DA Rad Lab DH I II III IV

Student Screener: _____

Date of Screening: _____

Directions:

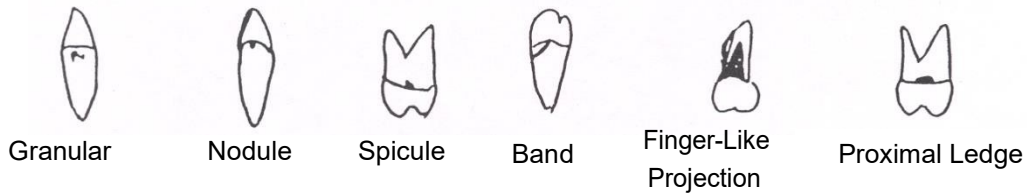
1. Conduct a medical/dental history review and obtain patient vital signs.
2. Obtain instructor's or dentist's initials on medical/dental history form.
3. Perform a cursory screening for obvious lesions and pathologies.
4. Categorize the patient:
 - A. **Calculus Deposits Skill Level**
 - B. **Periodontal Skill Level**
 - C. **Count # of Teeth Present**
5. Obtain instructor verification on assessment and indicate Treatment Considerations
6. Obtain prescriptive exam for radiographs from the dentist.
7. Patient referred to appropriate clinic/lab (screener does not keep patient)

Debridement Skill Levels (Not AAP Classification)

Developed by Jill S. Nield-Gehrig, RDH, MA

Author: *Fundamentals of Periodontal Instrumentation & Advanced Root Instrumentation*

CALCULUS FORMATION REFERENCE GUIDE



A. Calculus Deposit Skill Level: Visual (use air) and explore proximal surfaces only for estimate. Circle the calculus deposit skill level.

Classification		Description
Class 0	No/Slight Calculus	Requires little or no scaling
Class I	Simple	Supragingival calculus extending only slightly below the free gingival margin
Class II	Light/Moderate	Moderate amount of supragingival and subgingival calculus, or subgingival calculus only
Class III	Moderate	Abundance of supragingival and subgingival calculus, or subgingival calculus only
Class IV	Heavy	Generalized supragingival and subgingival ledges around cervical thirds of crowns and bands on most root surfaces

B. Periodontal Skill Level: Evaluate the condition of the gingiva, probe proximal surfaces only for estimate, or PSR, check all teeth for mobility. Circle the periodontal skill level.

Classification	CAL/Probing Depths (PD)	Mobility	Description
Class 0	<4 mm	None	Healthy gingiva and/or light bleeding
Class I	CAL = 1-2 mm PD = 1-5 mm	None/Slight	Localized (≤ 4 surfaces of 4-5 mm) gingival/perio pockets; may include bleeding.
Class II	CAL = 1-2 mm PD = 1-5 mm	None/Slight	Generalized (≥ 5 surfaces of 4-5 mm) gingival/perio pockets; may include bleeding.
Class III	CAL = 3-4 mm PD = 1-7 mm	Slight/Moderate	Generalized (3-9 surfaces of 6-7 mm) gingival/perio pocket; may include bleeding furcations, and/or suppuration.
Class IV	CAL = ≥ 5 mm PD = 1-10 mm	Moderate/Heavy	Generalized (≥ 10 surfaces of 6+ mm) gingival/perio pockets; may include bleeding, furcations, and/or suppuration

C. Teeth Present: Count and record the molars, premolars or anterior teeth present in each sextant. Count all teeth present, primary or permanent dentitions (do not indicate primary and permanent as separate count tallies).

Premolar _____ Molars _____	Anteriors _____	Premolars _____ Molars _____
Premolar _____ Molars _____	Anteriors _____	Premolars _____ Molars _____

5. Treatment Considerations: Indicate treatment needed by placing X before each consideration:

- a. _____ Immediate referral to a physician for a medical concern
- b. _____ Immediate referral to an oral surgeon for a suspicious lesion
- c. _____ Immediate referral to general dentist
- d. _____ Possible Radiology Lab patient
- e. _____ Possible state clinical boards patient
- f. _____ Sealants #
- g. _____ Other obvious needs:

6. Radiographs (Circle series prescribed): FMX Pano BWX PA(s) _____

Student's Signature

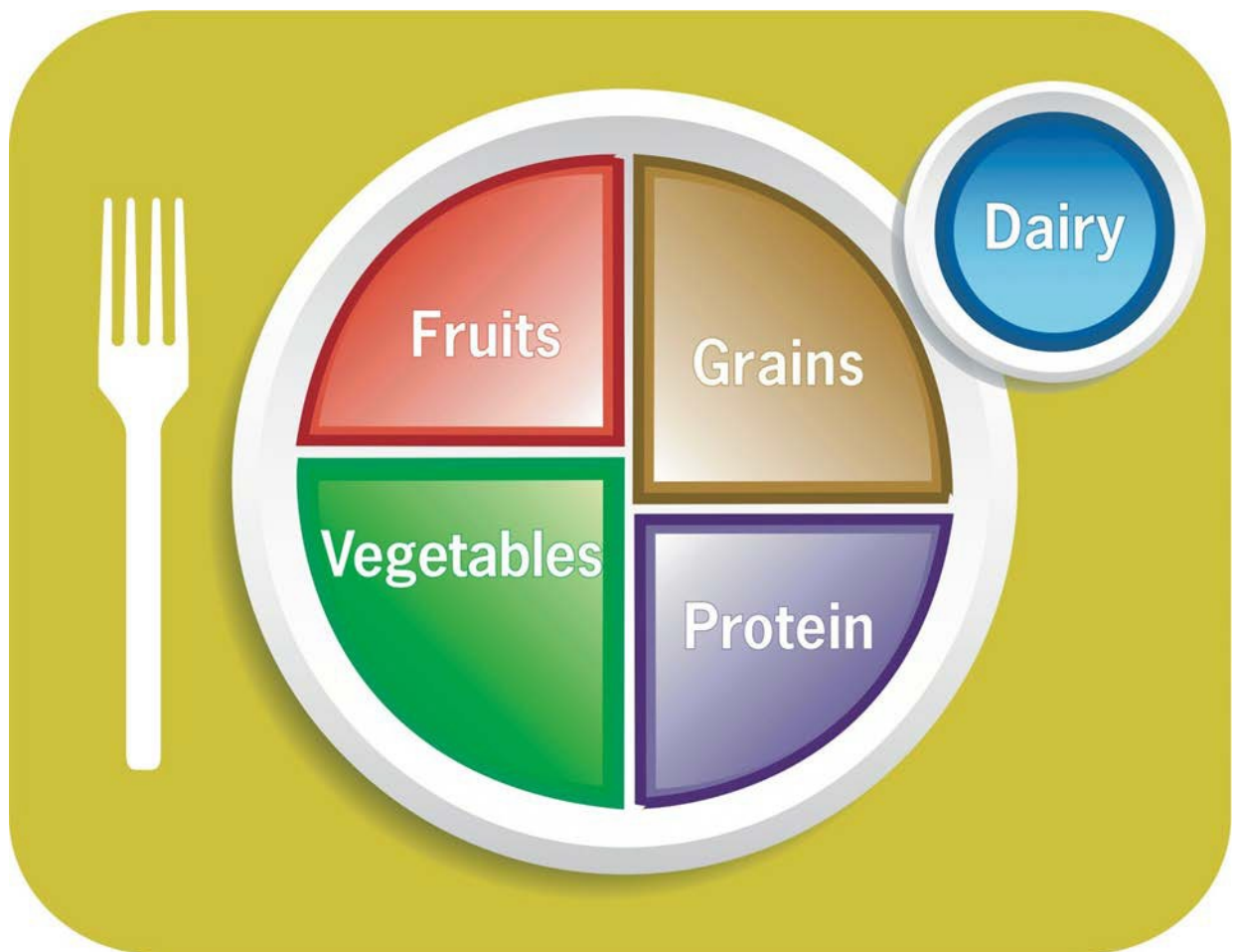
Instructor's or Dentist's Signature

Patient Compliance Agreement (by Cindy Biron Leiseca)

I have been informed of the findings from this screening appointment and the approximate cost of treatment here at Gulf Coast State College Dental Clinic. I understand that since this is a teaching institute I will be assigned to a student whose level of education requires the learning experience my dental condition provides. I am aware that the student who will be treating me expects me to arrive on time for my appointments and that being late or missing any appointments could result in discontinuation of my treatment since the student must have a patient in every clinic session in order to receive a passing grade for the clinical course. I understand that each appointment will be up to three hours long and that multiple appointments may be required to complete my treatment. My signature indicates my commitment to the student's learning experience and my intent to attend all appointments or call at least 48 hours in advance to cancel my appointment so that the student can find a patient to replace me.

Patient's Signature

Dental Hygiene Nutritional Counseling Packet



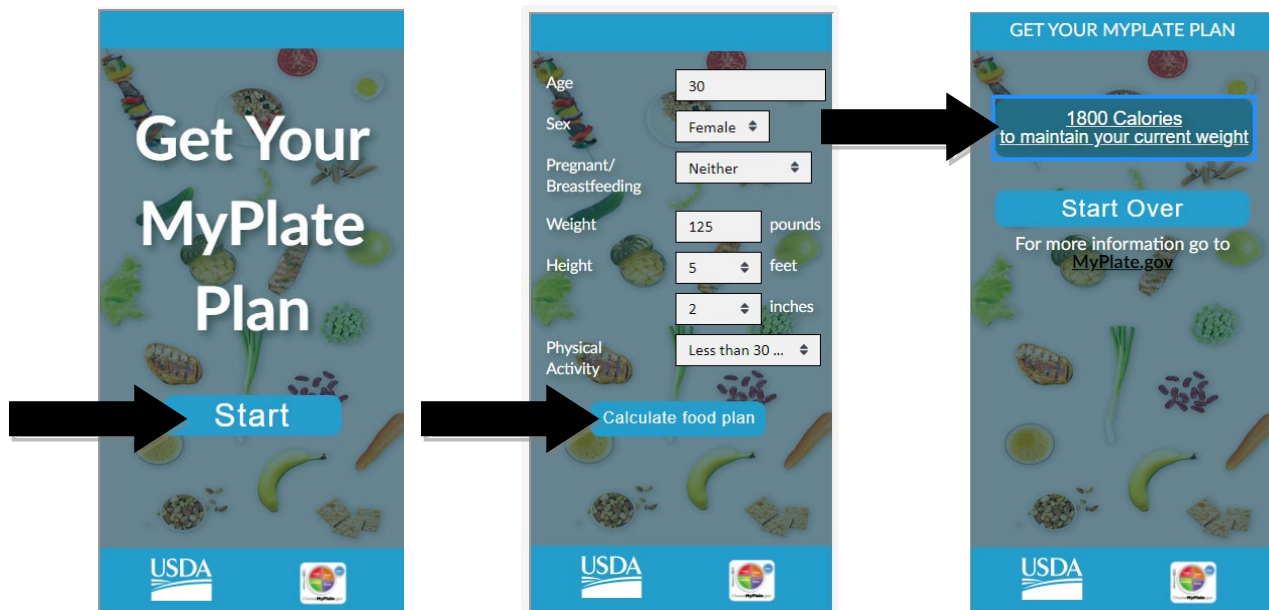
Directions:

1st Appointment

- Complete the Nutritional Risk form. If patient is willing and qualifies (moderate to high risk) obtain faculty approval on the Nutritional Counseling Competency form.
- Instruct the patient on how to complete the 3-day Food Diary, provide the patient with the food diary and advise to bring back during at the next appointment.
- Review portion sizes with the patient if necessary.

Before the 2nd Appointment

- Refer to <https://www.myplate.gov/resources/tools> and follow the directions under the MyPlate Plan – Get Your Plan. On the next page click “Start”
- Using the Nutritional Risk Assessment Form enter patient data to find the recommended caloric intake per day for your patient.
- Click on the recommended calories to display food group targets.
- Use the daily recommended amounts of food groups to complete the “Daily Recommended Amounts for Each Food Group Table”
- Print the “Daily Recommended Amounts for Each Food Group Table” to use during the nutritional counseling session.
- Prepare a typed sample menu for one day using the “MyPlate Plan” recommendations.



2nd Appointment

- Obtain the patient’s 3-Day Food Diary. Analyze for the 3-day diet Food Diary for cariogenic food/beverages. Circle if identified.
- Analyze the 3-Day Food Diary for other nutritional modifications for optimal oral/general health.
- Discuss “MyPlate Plan” recommendation.
- Counsel patient on Nutritional modifications.
- Provide patient with their “MyPlate Plan” recommendations and a sample menu you prepared.
- Motivate for change and answer questions as necessary.



Nutritional Risk Assessment

Patient Name: _____

Date: _____

Gender: Male

Female

Pregnant/Breastfeeding

Age: _____

Weight: _____

Height: _____

Physical Activity:

≤30 min/day mod activity

30-60 min/day moderate exercise

≥60 min/day moderate activity

Questionnaire	
I have an illness or condition that has made me change the kind and/or amount of food I eat	2
I eat fewer than two meals a day	3
I snack several times a day	2
I eat few fruits or vegetables, or milk products	2
I have 3 or more sodas, beer, wine, and/or liquor every day	3
I have tooth or mouth problems that make it hard for me to eat	2
I don't always have enough money to buy the food I need	4
I eat alone most of the time	1
I take 3 or more different prescribed or over the counter drugs a day	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months	2
I am not always physically able to shop, cook and/or feed myself	2
TOTAL	

Score	Risk Factor	Recommendations
0-2	Good	Recheck nutritional score in 6 months
3-5	Moderate risk	See what improvements can be made on your eating habits and lifestyle.
6 or more	High nutritional risk	Ask for help to improve your nutritional health

Daily Recommended Amounts for Each Food Group Table

Food Group	Recommended Amount	Examples
		
		
		
		
		

How to Keep Your 3-DAY Food DIARY

- Record *EVERYTHING* you eat or drink for 3 days
- Use 2 weekdays and 1 weekend day
- Record foods as quickly after eating as possible (carry this food record to ensure accuracy)
- Record days when not sick or fasting.
- Record *all* meals and snacks for each day.
- Record *time* and *place* food was eaten.
- Estimate portion sizes (e.g., 1 cup cereal, ½ cup orange juice, 3 oz. fish, 1 tsp olive oil) as closely as possible.
- Record the food preparation method (e.g., broiled, baked, fried, grilled)
- Include added sugar, creamer, sauces, gravies, and condiments (mayonnaise or ketchup, etc.)
- For combination dishes such as casseroles, soups, pasta, pizza, record all the ingredients and amounts accurately AND the portion eaten
- Record brand names (e.g., Dannon yogurt)
- Enter the time of consumption
- Include miscellaneous foods, such as gum, throat lozenge, mints)

DAY _____

NAME _____

FOOD DIARY

Time	Place	Food Eaten	Amount Eaten	How Prepared
Example: → 6:00 A.M.	Kitchen	Raisin Bran Cereal milk Orange juice	1/2 cup 1/2 cup 6 oz	Sugared raisins Fat Free Unsweetened

DAY _____

NAME _____

FOOD DIARY

Time	Place	Food Eaten	Amount Eaten	How Prepared

DAY _____

NAME _____

FOOD DIARY

Time	Place	Food Eaten	Amount Eaten	How Prepared

Sample Menu

Breakfast:

Lunch:

Dinner:

GULF COAST STATE COLLEGE
DENTAL PROGRAMS
Performance Competency: **NUTRITIONAL COUNSELING**

Student: _____ **Patient:** _____

Score Rating 2=performed with no guidance 1=performed with minimal guidance 0=omitted or significant guidance

Passing score: DEH 1800, DEH 1802L =75%, DEH 2804L & DEH 2806L 80%

	Performance	Appt. #1	Appt. #2	Comments
		Date:	Date:	
	Patient Selection/Assessment:	Rating		
1	Identify patient in need of Nutritional Counseling based on patient interview/clinical findings			
2	Perform clinical assessments to determine risk			
3	Obtain faculty approval			
4	Provide patient with a 3-day food diary and explanation on how to complete			
	Analysis:		Rating	
5	Receives 3-day food diary from patient and review for omissions. Ask follow up questions for clarification			
6	Identifies cariogenic food correctly			
7	Identifies nutritional needs/modifications based on "MyPlate Plan" for optimal oral/general health			
8	Correlates nutritional findings with clinical findings			
	Counseling:		Rating	
9	Explains "MyPlate Plan" recommendations.			
10	Guides patient to set goals for Nutritional changes for optimal oral/general health.			
11	Suggest food substitutes – provides patient with sample menu			
12	Encourages behavioral changes by motivating patient			
13	Provides patient with appropriate resource materials			
14	Engages patient in the discussion, maintains eye contact with patient during the session			
15	Provides the patient with an opportunity to ask questions			
	Professionalism:	Rating	Rating	
16	Competence			
17	Fairness			
18	Integrity			
19	Responsibility			
20	Respect			
21	Service-mindedness			
			SCORE	/54 = %

Student Signature: _____

Faculty Signature (Appt. #1): _____ Faculty Signature (Appt. #2) _____

Dental Hygiene

Patient Education Packet



Directions:

1st Appointment

- Identify a patient in need of educational counseling regarding a topic that impacts their oral health. Examples – tobacco cessation, diabetes/systemic link.
- Obtain approval from instructor on the *Patient Education Competency Form*.

Before 2nd Appointment

- Complete a Patient Education Worksheet (must be typed) and submit to your instructor for approval one week prior to the patient Education Session. Modify as necessary until faculty approval is obtained.

2nd Appointment

- Perform Patient Education Session. Instructor will evaluate using the Patient Education Competency Form.
- Give the patient an opportunity to ask questions.



**GULF COAST STATE COLLEGE
DENTAL PROGRAMS
Performance Competency: PATIENT EDUCATION SESSION**

Student: _____

Patient: _____

Score Rating 2=performed with no guidance 1=performed with minimal guidance 0=omitted or significant guidance

Passing score: $\geq 75\%$ (DEH 1800L/DEH 1802L) $\geq 80\%$ (DEH 2804L/DEH 2806L)

	Performance	Appt. #1 Date:	Appt. #2 Date:	Comments
	Patient Selection/Assessment:	Rating		
1	Identify patient in need of Patient Education based on patient interview/clinical findings			
2	Perform clinical assessments to determine current need status			
3	Obtain faculty approval			
	Patient Education Planning:		Rating	
4	Submits typed Patient Education Worksheet one week prior to Patient Education Session			
5	If necessary, makes modification based on instructor feedback and obtains approval of Patient Education Session			
6	Correlates clinical findings and/or evidence with Patient Education topic(s)			
	Counseling:		Rating	
7	Provides an overview of the topic and its relationship to oral health.			
8	Explains correlation between clinical finding(s) and/or evidence with the topic(s)			
9	Utilizes appropriate instructional methods to reinforce leaning & understanding			
10	Encourages behavioral changes by motivating patient			
11	Provides patient with appropriate resource materials			
12	Engages patient in the discussion, maintains eye contact with patient during the session			
13	Provides the patient with an opportunity to ask questions			
	Professionalism:	Rating	Rating	
14	Competence			
15	Fairness			
16	Integrity			
17	Responsibility			
18	Respect			
19	Service-mindedness			
SCORE				/50 = %

Student Signature: _____

Faculty Approval/Signature (Appt. #1): _____ Faculty Signature (Appt. #2): _____

REEVALUATION OF NON-SURGICAL PERIODONTAL THERAPY

- 1. Nonsurgical Periodontal Therapy patients should be scheduled for reevaluation of periodontitis (Perio/Calc Skill Level III-IV).**
- 2. Steps in a Reevaluation**
 - a. Perform a complete medical status update for the patient – **Instructor check**
 - b. Re-evaluate STE/HTE for changes.
 - c. Perform a comprehensive periodontal assessment and record findings in Eaglesoft
 - d. Compare the results of the patient’s initial assessment with the results of the patient’s reevaluation assessment – **Instructor check**
 - e. Compare OHI by disclosing and obtaining patient plaque-free status
 - f. Complete re-evaluation findings at the bottom of the Dental Hygiene Treatment Care Plan form – **Instructor check**
 - g. Make appropriate decisions related to the next step in therapy
 - Additional nonsurgical therapy may be needed (debridement/polishing) – **Instructor check**
 - The need for periodontal maintenance may be identified
 - The need for periodontal surgery may be evident
- 3. Nonresponsive Disease Sites**
 - a. Areas in the Periodontium that show deeper probing depths, continuing loss of attachment, or continuing clinical signs of inflammation in spite of through nonsurgical therapy
 - b. These sites should be carefully rechecked for thoroughness of self-care and rechecked with an explorer for the presence of residual calculus deposits
 - c. If calculus is detected at a nonresponsive site, additional periodontal debridement should be performed
 - d. If dental biofilm is discovered at a nonresponsive site, the site should be thoroughly deplaqued with an ultrasonic instrument and the patient should receive additional self-care motivation and training
 - e. When nonresponsive sites are encountered, consider the possibility that other factors might be contributing to the disease process (such as undiagnosed diabetes or smoking)
- 4. Documenting the Need for Additional Nonsurgical Therapy**
 - a. Self-care efforts by the patient, though improves, may not be inadequate for control of inflammation in the Periodontium
 - b. Subgingival calculus deposits are difficult to remove especially in the presence of gingival edema which can make deposits inaccessible because of deep probing depths
 - c. An unsuspected systemic condition may be contributing to the disease process
- 5. Periodontal Maintenance**
 - a. Periodontal maintenance should be performed at *least every 3 months* or less for the removal and disruption of subgingival periodontal pathogens
- 6. Referral to a Periodontist**
 - a. The American Academy of Periodontology recommendations for management of patients with periodontal diseases divides patients into three levels to aid a dental team in making the referral

AAP Level 1: Patients *Who May* Benefit From Comanagement

1. Patients with periodontal inflammation and any of the following conditions

- Diabetes
- Pregnancy
- Cardiovascular disease
- Chronic respiratory disease

2. Patients who are candidates for the following therapies who might be exposed to periodontal infections

- Cancer therapy
- Cardiovascular surgery
- Joint-replacement surgery
- Organ transplantation

AAP Level 2: Patients *Who Would Likely* Benefit from Comanagement

1. Patients with

- onset of periodontitis prior to age 35
- unresolved inflammation at the time of reevaluation
- probing depths >5 mm at the time of reevaluation
- vertical bone defects
- radiographic evidence of progressive bone loss
- progressive tooth mobility
- progressive attachment loss
- anatomic gingival deformities
- exposed root surfaces
- deteriorating risk profile
- medical or behavioral risk factors such as:
 - ✓ Smoking
 - ✓ Diabetes
 - ✓ Osteoporosis/osteopenia
 - ✓ Drug related gingival conditions
 - ✓ Compromised immune system
 - ✓ A deteriorating risk profile

AAP Level 3: Patients *Who Should* be Treated by a Periodontist

1. Patients with:

- Periodontitis with potential for tooth/dentition loss
- Furcation involvement
- Vertical/angular boney defects
- Rapidly progressing periodontitis
- Acute periodontal conditions
- Significant root surface exposure
- Progressive recession of the gingival margin
- Peri-implant disease

Adapted from American Academy of Periodontology Guidelines



GCSC DENTAL HYGIENE DUTY ROTATION FORM

Student: _____

Date: _____ (AM or PM)

Clinic: _____

Instructor: _____

Duty: CA1 CA2 SCR SCRA NP

The dental program's clinical student will be evaluated on the following tasks for daily points. The student will check (√) each task that was completed or place n/a if not completed or not applicable. The faculty will verify the acceptability of the performed task(s). If the task was unacceptable or omitted, an X will place by the line item.

CA1 – CLINICAL ASSISTANT I	(General Location – Sterilization Galley)	√ or n/a
Checks operatories for sufficient disinfecting wipes. Restocks if necessary		
MONDAY AM (Fall, Summer)/TUESDAY AM (Spring) – Clean ultrasonic unit and fill ultrasonic solution in Sterilization Galley – write date on tape & place on outside of unit (record in book)		
WEDNESDAY PM (Fall, Summer)/THURSDAY PM (Spring) – Clean unit and empty ultrasonic solution in Sterile. Galley		
WEEKLY – Perform Biological Monitoring Test on Autoclave – record in binder		
Assist fellow students in the preparation of their instruments for sterilization		
Turn on (at beginning of day), off (at end of day) and demonstrate proper use & maintenance of the Hydrim system and Autoclave		
Sterilize instruments during and following each assigned clinic session		
Store any sterile instruments in their assigned area		
Clean countertops & sink; sweep floor of sterilization galley (mop if necessary)		
Maintain a clean and dirty side		
Ensure that laundry is properly managed – gowns, blankets, pillows washed, dried, folded or hung on hangers in laundry room. Sweep/mop floors of laundry area if necessary. Check laundry needs in HS 109; launder if necessary.		
At end of PM clinic – ensure autoclave door is open and unit is OFF		
CA2 – CLINICAL ASSISTANT II	(General Location – Dispensary)	√ or n/a
CRITICAL: At beginning of rotation shift, roll Emergency Cart and O2 tanks to designated location against wall (under AED unit). Check and record O2 levels daily (AM). Return to dispensary at the end of rotation. *These items should be locked in the dispensary when clinic is not in session.		
Remain available in dispensary room at peak times (without cell phones, laptops, or coursework)		
DAILY - Turn ON/OFF Compressor, Vacuum PANO, and air purifiers prior to and at the end of clinic		
Dispense supplies to students as needed		
Clean, straighten and re-stock dispensary as directed		
Check inventory for items that are low – inform supervising faculty		
Clean counter tops and sweep floor of dispensary (Mop if necessary)		
Evacuation containers are full and each operatory is treated with SLUGBUSTER solution at the end of the day		
Check all eyewash stations and record in book - WEEKLY		
Inform assigned instructor when paper towels or trash bags are low or out.		
Maintain clean student break room work room & restrooms – clean counter tops, tables/chairs, window sills, sink, microwave oven, refrigerators & sweep floors (mop if necessary)		
Re-fill cups, paper towel and soap dispensers on hygiene side and in sterilization area if necessary		
Check disposable bite block containers for low items and inform instructor and add to inventory list		
Turn ON/OFF ScanX unit and Pano machine and associated computers in both locations		
Count ScanX plates assigned to each kit and ensure all plates are accounted for and kits are complete, inform supervising faculty of any missing plates.		
Check radiology/IOC supplies such as size 1 & 2 ScanX barriers, digital sensors barriers, Pano biteblock barriers, IOC barriers and inform instructor if items need to be added to the inventory list.		

Gulf Coast State College Dental Hygiene Program Patient Presentation Form

Student: Complete this section and present to faculty. This form will stay in your clinic portfolio

Date: _____ AM / PM Patient

Assessment

NAME: _____ DOB: _____ Age/Gender _____ Ch / Adol / Adult / Geriatric

New - RC _____ mo - Sub _____ Post-Eval _____ ASA _____ Why? _____

Pre-Med Required Y / N Allergies _____ Special Needs _____

Most likely emergency event other than syncope _____

Dental Hygiene Diagnosis

AAP Type (circle): Healthy Gingivitis (local generalized) Periodontitis (localized generalized Stage__ Grade__ Other__)

Calc Skill Level _____ Perio Skill Level _____

Last exam _____ mo Type: Periodic or Comp or Limited

Last BW _____ mo Last FMX _____ mo Last Pano _____ mo

Tx last appointment _____

Plan for today's treatment

M/DHx Review Work Up Radiographs: FMX / ___H or V BW / Pano PA # _____ None

Exam Needed: Prescriptive Limited Periodic Comprehensive None

OHI-S/Tx Plan Scaling: Quad 1 2 3 4 Polish Varnish

Anesthesia: Quad 1 2 3 4 Type: Local / Topical / Oraqix

Requirements: Sealants teeth # _____ Amal Polish teeth # _____ Re-Eval

IOC Mech Debrid Air Abrasive LA _____ Other _____

Once session is complete, student will complete this section, sign with faculty at walkout, and turn in to advisor.

Implementation

Completed today's Tx Plan: Y or N If not, why (explain) _____

Treatment completed today that was not initially planned: _____

Evaluation

OHI-S Improvement: Y or N Compliance comments: _____

GE/PE Improvement: Y or N BOP comments: _____

ST Follow-up: Y or N Comments: _____

Self-Assessment

Self-Improvements noted: _____

Areas of concern: _____

I would like to request additional guidance Y or N Explain: _____

Student Name (Print) _____

Student Sign _____ Faculty Sign _____



Progress Notes

Patient's Name _____ DOB _____

Date of Tx Mm/dd/yyyy	Date Progress notes entered in Eaglesoft Mm/dd/yyyy	<ul style="list-style-type: none"> <li style="width: 50%;">• Screening <li style="width: 50%;">• Pre-Clinic <li style="width: 50%;">• Dental Hygiene <li style="width: 50%;">• KIDZ KLINIC <li style="width: 50%;">• Operative <li style="width: 50%;">• Administration <li style="width: 50%;">• Radiography <li style="width: 50%;">• Miscellaneous 	Student Signature	Faculty Signature
6/1/2018	6/2/2018	Screening	I can do it, DA/DH	Yes Youcan, DMD
6/8/2018	6/14/2018	Dental Hygiene	I can do it, DA/DH	Yes Youcan, DMD
6/15/2018	6/20/2018	Dental Hygiene	I can do it, DA/DH	Yes Youcan, DMD
7/1/2018	7/5/2018	Operative	I can do it, DA/DH	Yes Youcan, DMD
7/15/2018	7/20/2018	Administrative	I can do it, DA/DH	Yes Youcan, DMD



IN EAGLESOFT:

1. Choose/Use your patient
2. Click on Note History
3. Click on AutoNote (button)
4. Scroll down until you find PRE-CLINIC SESSION (should be in orange font color)
5. Choose/Use this template
6. Fill in the template with patient specific information
7. "Sign" your Name, DHI
8. Complete Progress Note page in patient's chart
9. Sign your Name, DHI
10. Push "SAVE" not "SAVE AS"
11. Bring your chart to Faculty member for review and approval. **Faculty member will NOT sign your ES notes unless he/she is signed into ES as themselves.

PRECLINIC SESSION

PreClinic Session

M/DHx: _____ ASA= _____

Vital Signs: BP= _____ (RAS/LAS); P= bpm; R= /min.; T= _____ (oral/temporal)

CC: Patient participating in pre-clinic session

Skills Practiced:

RTC/RC:

Student Sign: _____, DHI

Faculty Sign:

