GULF COAST STATE COLLEGE

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GULF COAST STATE COLLEGE

DENTAL PROGRAMS

STUDENT POLICY HANDBOOK

2026–2027

Policies • Procedures • Professional Expectations



PROFESSIONAL VALUES

RESPECT | RESPONSIBILITY | COMPETENCE | SERVICE-MINDEDNESS | FAIRNESS | INTEGRITY

Dental Programs
Student Policy
Handbook

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Draft 2026-2027

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Introduction & Professionalism

Welcome

Welcome to the Gulf Coast State College Dental Programs! Congratulations on your acceptance into one of the College's Health Sciences programs. You have been selected because we believe you have the potential to become a knowledgeable, skilled, and compassionate member of the dental profession. We are excited to be part of your educational journey.

The Dental Assisting and Dental Hygiene programs are academically rigorous and require dedication, professionalism, personal responsibility, and a commitment to excellence. Throughout your time in the program, you will develop knowledge, technical skills, critical thinking abilities, and professional behaviors necessary to provide safe, ethical, and patient-centered care.

This Dental Programs Policy Handbook serves as your primary resource for program policies, clinical expectations, safety requirements, and professional standards. It is designed to complement the Gulf Coast State College Student Handbook and your individual course syllabi. Every student is responsible for reading, understanding, and complying with the policies contained within this handbook.

As future healthcare professionals, you are expected to demonstrate competence, fairness, integrity, responsibility, respect, and service-mindedness—the six values of professionalism established by the American Dental Education Association (ADEA). These values are woven throughout our programs and will guide your interactions with patients, classmates, faculty, and the community.

Our faculty and staff are committed to helping you succeed. We encourage you to ask questions, support one another, and approach every learning opportunity with enthusiasm and a willingness to grow. Although the journey ahead will be challenging, it will also be rewarding as you prepare for a successful career in the dental profession.

We are honored that you have chosen Gulf Coast State College and look forward to celebrating your accomplishments as you progress through the program.

Laurie Womble, CDA, M.S.
Coordinator, Dental Assisting Program

Miranda Stewart, CDA, CRDH, M.S.
Coordinator, Dental Hygiene Program

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,
Universityof Michigan School of
Dentistry Dr. Kathy Roth, ADA
Immediate Past President

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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."

2026-2027 GCSC General Catalog

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 contiune 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 frompatient contact, contact with patient's environment, and food-handling.	Until symptoms resolve.
Convalescent stage, *Salmonella* 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 immuocompromised patients and their environments.	Until symptoms resolve.
Hepatitis A	Restrict frompatient 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-	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 followaseptic techniqueand 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.

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.
***Staphylococcusaureus* 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 http://www.cdc.gov/covid/prevention/index.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.

_____ A-_____

Printed name of student GCSC Student ID Number

_____ _____

Signature of student Date

_____ _____

Faculty or Program Coordinator Signature Health Sciences or Nursing Program

Division of Health Sciences
Alcohol / Drug 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 demonstrate appropriate conduct when in class, lab, or clinical settings.

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, 2026-2027).

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. Positive drug screening results for marijuana may prevent the student from participating in external clinical rotations and other program requirements thus resulting in dismissal from a Health Sciences program.

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.

Division of Health Sciences
Alcohol / Drug Policy

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.

If a student's drug screen **result is reported as "dilute" or "diluted,"** the student must repeat the test at their own expense. Admission or continued enrollment in the program is contingent upon receiving a valid, negative result. Failure to provide a negative result before the date designated by the program in which the student is enrolled will result in being ineligible for admission or progression in the program.

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

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 #: _____

Original: Student
CC: Program Coordinator
rev. 7.16.2021

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 is 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 receptions 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 Café*).

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:

_____

Improvement Plan/Student Outcome Expected *(Recommendations are provided to make the student aware of their deficiencies and to provide an opportunity for the student to correct those deficiencies)*:

- ☐ Improve the academic standing in recommended class to at least a 2/0 GPA
- ☐ Mandatory attendance in all classes
- ☐ Being on time and prepared for each class
- ☐ Following appropriate rules/guidelines/policies
- ☐ Meet objectives as outlined in course
- ☐ Conduct oneself professionally and responsibly
- ☐ Correct safety violations
- ☐ Referral to____Success Center_____Student Services/Counseling_____Financial Aid Assistance
- ☐ Other:_____
- ☐ Plan Complete/Outcome to be achieved by (Date):

Failure to correct deficiencies may result in withdrawal from the program

Comments/Discussion:

Student: _____ **Date:** _____

Course Faculty: _____ **Date:** _____

Program Coord: _____ **Date:** _____

CRITICAL INCIDENTS RESULTING IN PROGRAM DISMISSAL

The following critical incidents are deemed by the Dental Programs to be of such severity that they significantly disrupt the learning environment or pose a substantial risk of harm, injury, or legal liability. As such, these violations may result in immediate dismissal from the Dental Programs:

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.
16. Blatant verbal harassment, discriminatory speech, or the use of profanity/obscene/vulgar language while participating in a program sanctioned event, course, or meeting.

GULF COAST STATE COLLEGE
HEALTH SCIENCES 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 Health Sciences Programs offers guidance for students, staff, and faculty to protect both their personal reputations and the public image of the GCSC Health Sciences 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 GCSC Health Sciences 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 Health Sciences career, and could jeopardize public trust in the Health Sciences profession.

Furthermore, although not intended, never forget as student, staff, or faculty, you may always be perceived as a representative of the GCSC Health Sciences Programs. It is therefore in the best interest of the Health Sciences 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 (currently 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
HEALTH SCIENCES PROGRAMS

Responsible Use of Social Media - Guidelines

Gulf Coast State College Health Sciences Program's students, staff and faculty are personally responsible for any content they post on Social Media platforms.

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.	**Appropriate use of College logos and branding** College logos and branding should only be used on pages maintained by GCSC.
Respect copyright The GCSC Health Sciences 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.	**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.
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 confidentially of information and good ethical judgment, when posting to social media sites.	**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.
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.	**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.
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.	**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.
Be transparent GCSC Health Sciences Program's 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).	**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 Health Sciences Programs to endorse products, causes, political parties, or candidates.

Representing the GSCS Health Sciences Programs

When acting as a GCSC Health Sciences 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 Health Sciences 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 Health Sciences Program. In addition, failure to follow Health Sciences 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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AMA Policy: Professionalism in the Use of Social Media. Retrieved 8/6/2012, from http://www.asa-assn.org/ama/pub/meeting/professionalism-social-media_print.html

Weinberg, T. (2008). *The ultimate social media etiquette handbook.* Retrieved 9/11/2012, from http://www.technipedia.com/2008/social-media-etiquette-handbook/

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 OFHEALTH**
  Bureau of Community Environmental Health Chapter 64E-16
  Florida Administrative Code Biomedical Waste

II. **EMERGENCY MANAGEMENTPLAN/PROCEDURES**
III. **BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**
IV. **INFECTION CONTROL/HAZARD CONTROLPOLICY**
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 operatory: 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	DON'T
Do use precapsulated alloys and stock a variety of capsule sizes	***Don't*** use bulk mercury and bulk alloy
Do recap single-use capsules from precapsulated alloys after use & dispose of properly	***Don't*** allow uncapped single-use capsules to remain open during patient treatment or during disposal
Do recycle used disposable amalgam capsules in designated marked container(s)	***Don't*** put used disposable amalgam capsules in biohazard containers, infectious waste containers (red bags) or regular garbage
Do salvage, store and recycle non-contact amalgam (scrap amalgam)	***Don't*** put non-contact amalgam waste in biohazard containers, infectious waste containers (red bags) or regular garbage
Do salvage (contact) amalgam pieces from restorations after removal and recycle the amalgam waste	***Don't*** put contact amalgam waste in biohazard containers, infectious waste containers (red bags) or regular garbage
Do use chair-side traps, vacuum pump filters and amalgam separators to retain amalgam and recycle their contents.	***Don't*** rinse devices containing amalgam over drains or sinks
Do recycle teeth that contain amalgam restorations. (*Note:* Ask your recycler whether or not extracted teeth with amalgam restorations require disinfection)	***Don't*** dispose of extracted teeth that contain amalgam restorations in biohazard containers, infectious waste containers (red bags), sharps containers or regular garbage
Do manage amalgam waste through recycling as much as possible	***Don't*** flush amalgam waste down the drain or toilet
Do use high-volume evacuation with traps and/or filters when finishing or removing amalgam	***Don't*** allow waste amalgam to enter the public sewer system
Do use line cleaners that minimize dissolution of amalgam	***Don't*** use bleach or chlorine-containing cleaners to flush wastewater lines
Do use care when handling amalgam (including unopened capsules) using appropriate personal protective equipment (PPE)	***Don't*** handle mercury or freshly mixed amalgam; avoid skin contact
Do ensure adequate ventilation (air exchange) when handling amalgam	***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 ofsizes.
- 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.
- Filters 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 Assisting/Hygiene 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.

CHAPTER 64E-16
BIOMEDICAL WASTE

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

64E-16.001 General.

(1) This chapter prescribes minimum sanitary practices relating to the management of biomedical waste, including segregation, handling, labeling, storage, transport, and treatment. This chapter 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 chapter prescribes minimum standards for permitting biomedical waste generators, storage facilities and treatment facilities, and for registering biomedical waste transporters.

(2) This chapter does not apply to biomedical waste incinerators. This chapter does not apply to linen 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.

Rulemaking Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098 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 microwave 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.

Rulemaking 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 64E-5, 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 64E-5, F.A.C., or is otherwise not regulated under Chapter 64E-5, F.A.C. The packaging requirements of Chapter 64E-5, 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.

Rulemaking 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.

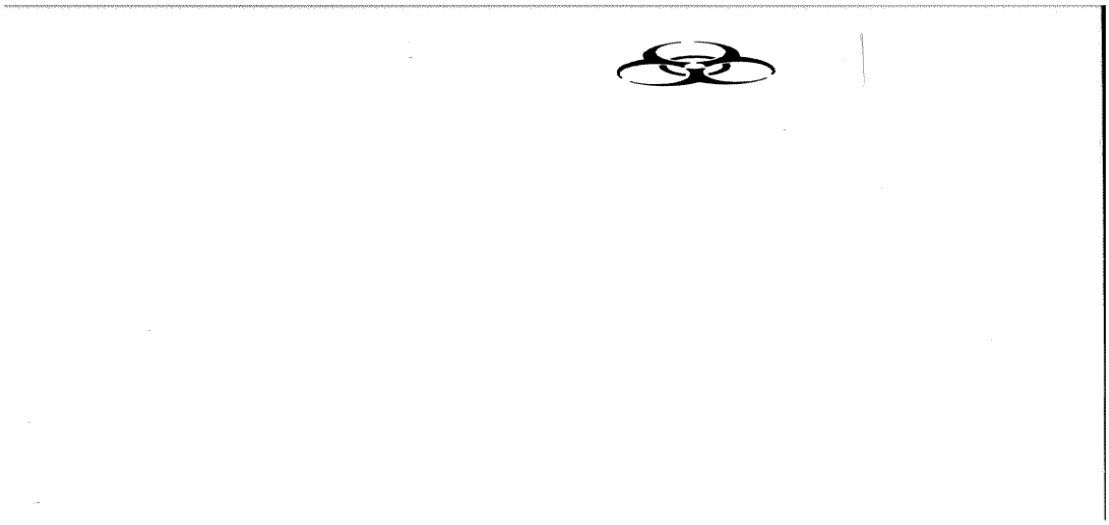
(d) Outdoor storage areas, including containers and trailers, shall, in addition to the above criteria, be conspicuously marked with the international biological hazard symbol as described in paragraph 64E-16.004(2)(b), F.A.C., and shall be secured against

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), F.A.C. 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”, “INFECTIOUS WASTE”, 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 C.F.R. 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" × 14" or larger, and at least one inch in diameter on bags smaller than 19" × 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) 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" × 14" or larger, and at least one inch in diameter on outer containers less than 19" × 14".

Rulemaking 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, 6-4-97, 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 subsection 64E-16.005(1), F.A.C. Inner bags and inner sharps containers are exempt from the labeling requirements of subsection 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.

Rulemaking 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 subsection 64E-16.007(2), F.A.C. Other proposed treatment processes shall demonstrate efficacy using subsection 64E-16.007(4), F.A.C.

Rulemaking 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 subsection 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 subsection 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 microwave shredding.

Table 1

1. Bacteria

a. *Bacillus* spores – mandatory, species determined by treatment process

Any two

b. *Enterococcus faecalis*

c. *Pseudomonas aeruginosa*

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 paragraph 64E-16.007(2)(e), F.A.C.

(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 waste 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 steam treatment, or has been approved as an alternative biomedical waste treatment process under subsection 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.

Rulemaking 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, 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), F.A.C. 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.

Rulemaking Authority 381.0098 FS. 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.

Rulemaking Authority 381.0098 FS. Law Implemented 381.0098 FS. History–New 6-3-97, Formerly 10D-104.0074.

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 Section 381.0098(4), F.S., 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.

Rulemaking 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.

Rulemaking 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.

Rulemaking 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.

Rulemaking Authority 381.006, 381.0098(5) FS. Law Implemented 381.0012, 381.002(13), 381.0025, 381.006, 381.0061, 381.0098, 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, Repealed 12-2-15.

I. 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. The GCSC campus security manager 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.

GULF COAST STATE COLLEGE Location Address: Panama City Campus, 5230 West Highway 98

Bldg. # _____ Room _____

EMERGENCY RESPONSE GUIDE

EMERGENCY PHONE NUMBER

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

FSU Police can be reached 24 hours a day

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

FSU Police can be reached 24 hours a day

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

Fire alarm strobes → Evacuate area

→ Use nearest exit or alternate safe route

Do NOT use elevators

→ CALL 911

Call from assembly point or neighboring building*

* 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

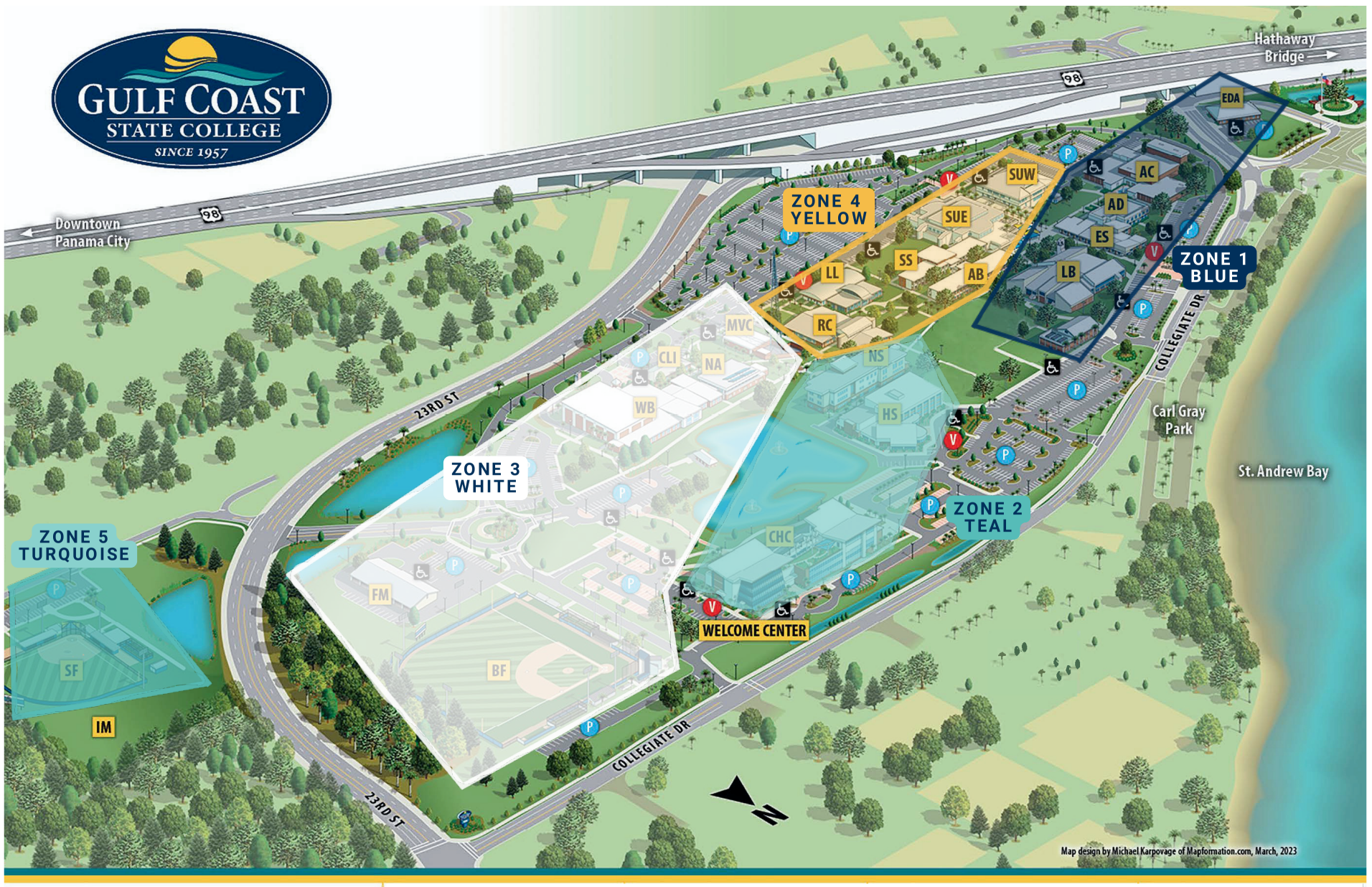
e.g Interior Hallways

→

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

EVACUATION ZONES

UPDATED: 2025



PANAMA CITY CAMPUS

5230 West Highway 98 • Panama City, FL 32401
850.769.1551 • gulfcoast.edu

Buildings in Zone 1: Workforce Dev./EDA, Amelia Center, Administration, Enrollment Services, Library, Central Plant

Buildings in Zone 2: Natural Sciences, Health Sciences, Charles Hilton Center

Buildings in Zone 3: Baseball Field, Facilities Mgmt, Wellness, Notarium, Military/Vets, Center for Learning & Innovation

Buildings in Zone 4: Student Union East and West, Asbell, Social Sciences, Language and Literature, Rosenwald

Buildings in Zone 5: Softball Field

I. BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

This section is designed to meet the OSHA BLOODBORNE PATHOGEN STANDARD - https://www.osha.gov/bloodborne-pathogens/

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/bloodbornepathogens/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.



OSHA®
Occupational Safety and Health Administration
www.osha.gov 1-800-321-6742

DSG 1/2011

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 <u>NOT</u>** 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.

Summary of Coverage

Underwritten by The Hartford Fire Insurance Corporation

The Hartford 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: **81-BSR-104402** Policy Term: **March 1, 2026 to March 1, 2027**
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 or Hearing in one Ear……...	$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 thereat 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.

SPECIALTY INSURANCE

COLLEGIATE
ACCIDENT CLAIM FORM

Please complete and submit to A-G Specialty Insurance with itemized medical bills AND primary insurance explanation of benefits.

Send all claim forms and documents using our secure upload portal: upload.agadministrators.com
Alternatively, submit documents to claims@agadm.com.

For questions, however, please contact A-G Specialty Insurance: customerservice@agadm.com.

YOUR INFORMATION (College Representative/Personnel)

First Name:_____ Last Name:_____

Title:_____ School/Organization Name:_____

Email Address:_____ Phone Number:_____

POLICYHOLDER INFORMATION

Policyholder (School):_____

School Address:_____
STREET CITY STATE, ZIP

STUDENT INFORMATION

Student's Name:_____
FIRST NAME MIDDLE INITIAL LAST NAME

Date of Birth:_____ Sex: ☐ M ☐ F _____

Student's Phone Number (or Parent's if minor): _____

Student's EMAIL (or Parent's if minor): _____

Student's Home Address: _____
STREET CITY STATE, ZIP

ACCIDENT INFORMATION

Circumstance: ☐ Game ☐ Practice ☐ Conditioning ☐ Other (Please explain in Nature of Injury section.)

Type of Activity: ☐ Club Sport ☐ Intramural ☐ Intercollegiate ☐ Non-Athletic

Activity/Sport (if athletic related):_____ Accident Date:_____

Body Part Injured:_____ Place of Accident:_____

Nature of Injury (Details of what happened.):_____

_____

_____

INSURANCE INFORMATION

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

Insurance Company Name:_____

Insurance Company Address:_____
STREET CITY STATE, ZIP

Policy Number: _____ ID#:_____

Is the student eligible for Medicaid or TriCare Benefits? ☐ YES ☐ NO
If yes, please file for benefits under the Student Accident Plan before submitting expenses to Medicaid or TriCare.

A-G SPECIALTY INSURANCE, LLC
PO Box 21013, Eagan, MN 55121
Ph: **(610) 933-0800** *Fx:* **(610) 933-4122** *Email:* **claims@agadm.com**

AUTHORIZATION

AFFIDAVIT: I verify the statement regarding 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 Specialty Insurance to the extent for which A-G Specialty Insurance 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, or any family member 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 Specialty Insurance and its designees. I also authorize A-G Specialty Insurance to release medical and billing information to any family member or health care provider if necessary to facilitate any potential payments.

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/PARENT APPROVAL: I certify that approval has been granted from the student to submit this claim.

WARNING: New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

AUTHORIZED POLICYHOLDER / SCHOOL REPRESENTATIVE SIGNATURE	**DATE**

FRAUD WARNING: Any person who, knowingly and with intent to defraud, or helps commit a fraud against, any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits or may be committing a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties

Arkansas and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho and Indiana: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony. Idaho and Indiana: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person, who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto, may be subject to prosecution for insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison

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Florida College System Risk Management Consortium

ACCIDENT – INCIDENT REPORT

(A copy of this report is **NOT** authorization for medical treatment)

INSTRUCTIONS:

- If loss/occurrence/injury is to a **college employee**, please complete sections: 1, 2, 5, 6, 7 and 8.
- If loss/occurrence is to **college-owned property** please complete sections: 1, 3, 5, 6, 7 and 8.
- If loss/occurrence/injury is to a **non college employee or non college-owned property**, please complete sections: 1, 4, 5, 6, 7 and 8.

1. LOCATION AND DATE OF INCIDENT/OCCURRENCE

COLLEGE: (Check One)

☐ **BC** ☐ **CC** ☐ **CF** ☐ **CFK** ☐ **DSC**	☐ **EFSC** ☐ **FGC** ☐ **FSWSC** ☐ **GCSC** ☐ **HCC**	☐ **IRSC** ☐ **LSSC** ☐ **MDC** ☐ **NFC** ☐ **NWFSC**	☐ **PBSC** ☐ **PHSC** ☐ **PeSC** ☐ **PoSC** ☐ **SFC**	☐ **SJRSC** ☐ **SPC** ☐ **SSC** ☐ **SFSC** ☐ **SCFMS**	☐ **TCC** ☐ **VC**	CAMPUS/LOCATION CODE:

DATE OF OCCURRENCE:	TIME OF OCCURRENCE: AM PM	LOCATION OF OCCURRENCE (BE SPECIFIC):

2. INJURED EMPLOYEE (INJURY/LOSS TO COLLEGE EMPLOYEE)

NAME OF EMPLOYEE:	AGE:	OCCUPATION & DEPARTMENT:	EMPLOYEE #:

ADDRESS:	CITY:	ST:	ZIP:

PHONE: ( )	PART OF BODY INJURED:	TYPE OF INJURY (CUT, STING, BUMP, BRUISE ETC.):

DOES EMPLOYEE WISH TO SEEK MEDICAL ATTENTION TODAY: ☐ YES ☐ NO*	WILL EMPLOYEE REQUIRE TIME OFF FROM WORK: ☐ YES ☐ NO	DATE INJURY FIRST REPORTED:	TIME INJURY FIRST REPORTED:

* A "no" answer does not waive the employee's right to request medical attention at a later date.

3. PROPERTY (COLLEGE OWNED)

IDENTIFY THE DAMAGED/LOST PROPERTY:	ESTIMATED COST OF DAMAGED/LOST PROPERTY: $

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

NAME:	AGE:	PHONE: ( )

ADDRESS:	CITY:	ST:	ZIP:

IDENTIFY THE INJURY OR THE DAMAGED/LOST PROPERTY:	STUDENT ID # (If Injured Party is Admitted Student):

5. WITNESS(ES)

NAME:	PHONE: ( )

ADDRESS:	CITY:	ST:	ZIP:

NAME:	PHONE: ( )

ADDRESS:	CITY:	ST:	ZIP:

6. DESCRIBE THE LOSS/OCCURRENCE/INJURY (To be completed by Injured Employee/Party, if at all possible):

7. SIGNATURES

INJURED EMPLOYEE/PARTY'S SIGNATURE: DATE:

DEPARTMENT CONTACT'S SIGNATURE: DATE:

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

TYPE OF CLAIM (Please Check One):

☐ GENERAL LIABILITY	☐ STUDENT ACCIDENT
☐ COLLEGE PROPERTY DAMAGE/THEFT	☐ ATHLETIC
☐ EQUIPMENT BREAKDOWN	☐ FACILITIES USE
☐ WORKER'S COMPENSATION**	☐ ALLIED HEALTH (Please Attach Allied Health Incident Form)

** Please do not send Work Comp A/I forms to the Consortium. The College WC coordinator should submit all WC claims through the call center.

RISK MANAGEMENT REVIEW STATEMENTS (Initial **ONLY** those statements that apply):

_____ THIS A/I IS **FYI ONLY.** NO CLAIM IS BEING SUBMITTED AT THIS TIME.

_____ THIS A/I HAS BEEN SUBMITTED TO A-G ADMINISTRATORS, FOR CLAIM REVIEW (Student Accident Coverage).

_____ THIS A/I HAS BEEN SUBMITTED TO SUMMIT AMERICA, FOR CLAIM REVIEW (Athletic Coverage).

RISK MANAGEMENT COORDINATOR'S SIGNATURE: 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** EMPLOYEED 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 found at http://fcsrmc.com/attachments/Allied_Heath_Incident_Form.pdf

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

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 *OR* Hepatitis B vaccine series, if surface antigen is positive (every 10 years or signed declination form)
- Tuberculosis Test – PPD/Mantoux, QuantiFERON TB Gold
  T-Spot Gold (**May require chest radiograph if previously positive TB test)**
- MMR
- Tetanus - Diphtheria (Tetanus every 10 years)
- Varicella (Chicken Pox)
- Polio or written rationale/statement from healthcare provider
- Influenza (or signed declination)
- COVID-19 (or signed declination)
- 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

All required documentation must be on file with the department or uploaded to SentryMD prior to clinical assignments. It is the responsibility of each student and faculty member to verify that documentation requirements have been completed and remain current.

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.

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: _____ DA _____ DH _____ PTA _____ RAD _____ RESP CARE _____ SONO _____ SFA _____ ST

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 TAKEN
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	CORRECTIVE ACTION TAKEN
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: _____

The student meets the following lifting requirements (Check as Appropriate):
Lift 25 lbs _____ (SS, DA, DH & Respiratory Care); Lift 50 lbs _____ (Sonography); Lift 70 lbs _____ (PTA);
Lift with Assistance 150 lbs _____ (Radiography & Sonography)

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.

Student's Printed Name Student's Signature Date

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:** ___/___/___
1). ___/___/___
2). ___/___/___

Measles Titer: ___/___/___ **Result:** ☐**Immune** ☐ **Non-Immune**
Mumps Titer: ___/___/___ **Result:** ☐**Immune** ☐ **Non-Immune**
Rubella Titer: ___/___/___ **Result:** ☐**Immune** ☐ **Non-Immune**
☐ **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:** ___/___/___
1). ___/___/___
2). ___/___/___

Varicella Titer Date: ___/___/___
Result: ☐**Immune** ☐ **Non-Immune**
☐ **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:
1). ___/___/___ 2). ___/___/___ 3). ___/___/___
HepB 2 Dose Vaccine Series:
1). ___/___/___ 2). ___/___/___

HepB Titer Date: ___/___/___ **Result:** ☐ **Immune** ☐ **Non-Immune**
Attached Lab Reports

☐ **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 recommended seasonally (Submit by October 30th for Fall start **OR** First day of January class for Spring start) **OR** Declination.

Flu Vaccine: ___/___/___

☐ **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**

COVID-19: COVID-19 vaccine is recommended seasonally (Submit by October 30th for Fall start **OR** First day of January class for Spring start) **OR** Declination.

COVID-19 Vaccine: ___/___/___

☐ **Declination: I understand that by declining the COVID-19 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 **OR** written rationale and statement from healthcare provider.

Polio Vaccine Series: ☐ **OR Vaccination Booster:** ☐ OR ☐ **Declination: Provide written rationale and statement from healthcare provider dated within 12 months of program entry.**

Tuberculosis Skin Test (PPD/Mantoux) - Annually: 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 a PPD skin test **OR** symptom-free note, use the attached TB form.* **Dental programs are only required upon entry; not annually.**

TB Skin Plant Date: ___/___/___
TB Skin Read Date: ___/___/___
Result: _____**mm** ☐ **Neg** ☐ **Pos**

QuantiFERON TB Gold Date: ___/___/___
☐ **Neg** ☐ **Pos**
T-Spot TB Gold Date: ___/___/___
☐ **Neg** ☐ **Pos**

If positive TB test:
Chest X-ray: ___/___/___
☐ **Attached TB Note**

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

Provider's Signature: _____ *Date:* _____

Provider Name (printed): _____

Phone Number: (_____) _____

Place Provider Stamp Here

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

INFECTION PREVENTION AND HAZARD CONTROL POLICIES

INTRODUCTION

Scientific evidence, along with public and professional concerns regarding the transmission of bloodborne pathogens and other infectious diseases, has placed infection prevention and control at the forefront of dental education and patient care. An effective infection prevention and hazard control program requires the cooperation and commitment of students, faculty, and staff. This is achieved through education, demonstration, monitoring, evaluation, and continuous adherence to established policies and procedures. Faculty members have primary responsibility for overseeing infection prevention and control practices within the clinical and laboratory setting. Because students are actively involved in patient care and clinical activities, their actions play a critical role in maintaining a safe environment for patients, providers, and fellow students.

All personnel share responsibility for monitoring, practicing, and enforcing approved infection prevention and hazard control procedures to ensure compliance with established guidelines. The information contained in this manual is based on the CDC Guidelines for Infection Control in Dental Health-Care Settings, current recommendations from the Centers for Disease Control and Prevention (CDC), applicable Occupational Safety and Health Administration (OSHA) standards, and current evidence-based literature. Additional details, procedures, competency requirements, and training activities are provided throughout the curriculum, including DEH 1002/1002L, DES 1200L, DES 1100C, DES 0800L, and DEA 0020C, and are reinforced in all subsequent clinical and laboratory courses.

PURPOSE

The purpose of these infection prevention and hazard control policies and procedures is to minimize the risk of transmission of bloodborne pathogens and other communicable diseases to patients, students, faculty, staff, and dental health care workers (DHCWs) within the dental clinic setting.

This will be achieved through:

a. Hepatitis B immunization and vaccination against other recommended vaccine-preventable diseases.

b. Education and training in infection prevention and control principles.

c. Use of appropriate personal protective equipment (PPE), barrier techniques, and Standard Precautions.

d. Prevention of exposure of patients and DHCWs to blood, saliva, and other potentially infectious materials (OPIM).

e. Implementation of engineering controls and safe work practice controls designed to reduce or eliminate occupational exposure hazards.

Policy Scope

This manual establishes the infection prevention and hazard control policies that apply to all students, faculty, staff, and dental health care workers participating in clinical and laboratory activities within the Dental Assisting Program.

Detailed procedural instructions, clinical competencies, operational protocols, and course-specific infection control requirements are provided within individual clinical and laboratory courses. Students are responsible for following all infection prevention and hazard control procedures as instructed by faculty and as outlined in course materials, competency documents, laboratory manuals, and clinic protocols.

A. Standard Precautions

1. All blood, saliva, and other potentially infectious materials (OPIM) from all patients shall be considered potentially infectious and handled in accordance with Standard Precautions and established infection prevention protocols.
2. Infection prevention and control procedures shall not be based on an individual's medical history, diagnosis, serological status, or perceived risk of disease transmission.

B. Personal Hygiene

The following requirements apply to all clinic personnel (students, faculty, and staff) who may come into contact with blood, saliva, other potentially infectious materials, body fluids, or tissues.

1. Hair must be clean, neat, secured, and maintained away from the face and treatment field during clinical and laboratory procedures.
2. Facial hair shall be clean, neatly trimmed, and maintained in a manner that does not interfere with the proper fit or function of required personal protective equipment (PPE).
3. False eyelashes and eyelash extensions must not interfere with required eye protection or create a visual impairment that may compromise safety, patient care, or clinical performance.
4. Head, neck, and hand jewelry shall not be worn during clinical or laboratory activities. Jewelry may interfere with personal protective equipment, contribute to cross-contamination, and increase the risk of injury.
5. Fingernails shall be natural, clean, unpolished, and maintained at a short length. Artificial nails, nail enhancements, and extenders are prohibited during clinical activities.

C. Hand Hygiene

Hand hygiene is one of the most important measures for preventing the spread of infection in healthcare settings. All students, faculty, staff, and dental health care personnel are required to perform appropriate hand hygiene using either soap and water or an alcohol-based hand rub in accordance with current CDC recommendations. Soap and water shall be used whenever hands are visibly soiled or contaminated.

Hand hygiene is mandatory:

1. Before patient treatment or contact.
2. Between patient appointments.
3. Immediately after glove removal.
4. Whenever hands become contaminated or when aseptic technique has been compromised during treatment.
5. Before leaving the treatment area.
6. Before donning and after removing other personal protective equipment (PPE), as appropriate.

D. Personal Protective Equipment (PPE)

1. Gloves

All personnel providing patient care shall wear disposable medical examination gloves whenever contact with blood, saliva, mucous membranes, or other potentially infectious materials is anticipated. Gloves shall not be washed, disinfected, or reused. Gloves must be changed between patients and immediately if torn, punctured, or compromised. Cuts, abrasions, or other non-intact skin areas shall be completely covered with an appropriate bandage or dressing prior to donning gloves. **Hand hygiene shall be performed immediately after glove removal.**

2. Masks and Protective Eyewear

Clinical personnel shall wear a surgical mask and protective eyewear with side shields or a face shield during patient care procedures that may generate splashes, spatter, aerosols, or exposure to blood, saliva, or other potentially infectious materials. Masks shall be changed between patient treatment sessions and whenever they become wet, soiled, damaged, or contaminated. Protective eyewear, face shields, and patient eyewear shall be cleaned and disinfected between uses according to clinic protocol. Masks shall not be worn hanging from one ear, below the chin, or around the neck. Protective eyewear shall not be worn or stored on top of the head. Personnel wearing clinical PPE shall not enter designated non-clinical areas, including the reception area, administrative workspaces, or the break room (Cuspid Café).

3. Clinical Attire (Gowns)

All dental health care workers (DHCWs) shall wear appropriate clinical attire to prevent skin exposure and contamination of personal clothing when contact with blood, saliva, or other potentially infectious materials is anticipated. Clinical attire shall not be worn outside of designated clinical areas. Clinical attire must be changed daily and immediately whenever visibly soiled, contaminated, or penetrated by blood, saliva, or other potentially infectious materials. Non-disposable fluid-resistant gowns will be laundered on site and shall not be removed from the premises. Personnel wearing clinical attire shall not enter designated non-

clinical areas, including the reception area, administrative workspaces, or the break room (Cuspid Café).

4. **Sharps Safety and Disposal**

   To prevent needlestick and other sharps injuries, needles shall **not** be recapped, bent, broken, or manipulated using two hands or by directing the needle toward any part of the body. Approved needle recapping devices or the one-handed scoop technique shall be used whenever recapping is necessary. Used needles and other disposable sharps shall be discarded immediately after use in designated closable, puncture-resistant, leak-resistant sharps containers located as close as practical to the point of use. Sharps containers shall be maintained and replaced according to established clinic procedures. Empty anesthetic cartridges may also be disposed of in designated sharps containers. Engineering controls designed to reduce sharps injuries shall be utilized whenever available and appropriate.

5. **Utility Gloves**

   Puncture-resistant utility gloves shall be worn during the cleaning, disinfection, transportation, and processing of contaminated instruments, equipment, and environmental surfaces. Utility gloves provide greater protection against sharps injuries and chemical exposure than disposable examination gloves. Utility gloves shall be cleaned and disinfected after use and replaced immediately if torn, punctured, or otherwise compromised. Utility gloves shall be maintained and used according to manufacturer instructions.

E. Instrument Sterilization

All contaminated reusable instruments and devices, including dental handpieces, shall be cleaned and heat sterilized in approved sterilization equipment before use on another patient. Chemical disinfectants shall not be used as a substitute for heat sterilization of critical or semicritical instruments. Sterilization equipment shall be monitored according to clinic protocol, including routine biological monitoring performed at least weekly.

Reusable patient care items that cannot withstand heat sterilization shall be cleaned and processed according to manufacturer instructions using an FDA-cleared high-level disinfectant or sterilant, as appropriate. The use of chemical agents that are not approved for instrument sterilization or high-level disinfection is unacceptable.

- Utility gloves shall be worn when handling contaminated instruments, equipment, or other potentially infectious materials during cleaning, disinfection, and sterilization procedures.

- Contaminated reusable instruments and devices used intraorally shall be processed through the Hydrim Dental Thermal Disinfector according to the manufacturer's instructions for use (IFU). Following processing, instruments shall be inspected, dried, packaged, and prepared for sterilization.

- Plastic instrument trays and other noncritical reusable items shall be cleaned and disinfected using an EPA-registered hospital-grade disinfectant according to the manufacturer's instructions.

- Reusable metal impression trays shall be cleaned manually or processed in an ultrasonic cleaner, inspected for cleanliness, packaged, and heat sterilized before reuse.

- Sterilization pouches and packaging materials shall be selected according to the size and type of instrument or device being processed.

- Chemical indicators shall be placed inside each package according to clinic protocol. Packages shall be labeled with the sterilization date, contents, sterilizer identification number, and operator initials before processing.

- When sterilization tape is used, packages shall be sealed according to the packaging manufacturer's instructions to maintain package integrity throughout the sterilization cycle.

- Cloth wraps, when utilized, shall be prepared and secured according to the manufacturer's instructions and current sterilization guidelines.

- Following sterilization, all packages shall be visually inspected to verify package integrity and acceptable chemical indicator results. Internal indicators shall be evaluated to confirm that sterilization parameters were achieved within the package.

- Sterile packages shall be considered sterile unless an event occurs that compromises package integrity. Packages that are wet, torn, punctured, opened, improperly stored, or otherwise compromised shall be considered contaminated and must be reprocessed, repackaged, and resterilized before use.

- Sterilized packages shall be stored in a clean, dry, closed cabinet or drawer to protect package integrity and maintain sterility.

- Sterilizers shall be monitored according to clinic protocol, including routine biological spore testing performed at least weekly. Results shall be documented and maintained in accordance with program record keeping procedures.

F. Environmental Surface and Equipment Cleaning and Disinfection

Environmental surfaces and equipment in clinical treatment areas shall be maintained in a clean and sanitary condition to minimize the risk of cross-contamination and disease transmission.

Clinical contact surfaces that are difficult to clean or are frequently touched during patient care shall be protected with disposable surface barriers whenever practical. Surface barriers shall be removed and replaced between patients.

Clinical contact surfaces not protected by barriers, as well as surfaces visibly contaminated with blood, saliva, or other potentially infectious materials, shall be cleaned and disinfected between patients using an EPA-registered hospital disinfectant in accordance with the manufacturer's instructions for use (IFU). Surfaces shall remain visibly wet for the manufacturer's recommended contact time to ensure effective disinfection.

Environmental cleaning and disinfection procedures shall be performed according to established clinic protocols and current CDC guidelines. Faculty, staff, and students are responsible for ensuring that treatment areas, equipment, and clinical contact surfaces are properly cleaned and disinfected following patient care activities.

G. Biomedical/Infectious Waste Disposal

Biomedical waste shall be handled, stored, transported, and disposed of in accordance with applicable federal, state, and local regulations, including the requirements of the Florida Administrative Code (64E-16.002)

Items contaminated with blood or other potentially infectious materials (OPIM) shall be disposed of in designated biomedical waste containers or red biomedical waste bags according to established clinic protocols. Biomedical waste shall be segregated, contained, and removed from patient care areas in a manner that minimizes the risk of exposure and cross-contamination.

Contaminated needles and other contaminated sharps shall not be bent, broken, or removed by hand. Needle recapping shall be accomplished only through the use of a one-handed scoop technique or an approved mechanical recapping device when recapping is necessary. Sharps shall be disposed of immediately after use in an approved puncture-resistant sharps container located as close as feasible to the point of use.

Biomedical waste and sharps containers shall be managed and disposed of through a licensed biomedical waste disposal service in accordance with applicable regulatory requirements and clinic protocols.

H. Dental Laboratory Infection Control

Items transferred between the clinical treatment area and dental laboratory shall be handled in a manner that prevents cross-contamination and exposure to potentially infectious materials.

Clean linens and reusable protective garments shall be stored separately from contaminated items. Soiled or contaminated garments shall be collected and laundered according to established clinic protocols. Disposable masks shall be discarded after use, and reusable protective eyewear shall be cleaned and disinfected according to manufacturer instructions.

Dental impressions, prostheses, appliances, and other items removed from a patient's mouth shall be cleaned and disinfected prior to laboratory handling. Disinfection shall be performed using an EPA-registered hospital disinfectant and in accordance with the manufacturer's instructions for use (IFU).

Laboratory instruments, equipment, and materials used on contaminated or potentially contaminated items shall be heat sterilized, disinfected, or discarded according to their intended use and manufacturer instructions. Reusable items that cannot withstand heat sterilization shall be cleaned and disinfected between uses according to established clinic protocols.

References

Centers for Disease Control and Prevention. (2024). *Infection prevention and control in dental settings*. U.S. Department of Health and Human Services. https://www.cdc.gov/oral-health/hcp/infection-control/

Occupational Safety and Health Administration. (n.d.). *Bloodborne Pathogens Standard (29 CFR 1910.1030).* U.S. Department of Labor. https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030

Florida Department of Health. (n.d.). *Florida Administrative Code Chapter 64E-16: Biomedical Waste.* https://flrules.org/gateway/ChapterHome.asp?Chapter=64E-16

Ionizing Radiation Policy

Exposure of patients within the Gulf Coast State College Dental Clinic shall follow the principles of ALARA (As Low As Reasonably Achievable).

Students, faculty, and staff shall adhere to the following radiation safety requirements:

- Radiographic examinations shall be prescribed based on documented diagnostic need and current radiographic selection criteria.
- Deliberate exposure of patients for training or demonstration purposes without documented diagnostic need is prohibited.
- Operators shall maintain appropriate distance or shielding during radiographic exposures.
- Receptor-holding devices shall be utilized; operators shall not hold image receptors during exposure.
- Operators shall not stabilize the x-ray tube head during exposure.
- Digital radiography shall be utilized whenever feasible to minimize patient exposure.
- Retakes shall be limited and performed only when necessary to obtain diagnostic-quality images.
- All radiographic images shall be interpreted by a licensed dentist.
- Radiographic images shall be maintained as part of the patient's permanent dental record and managed in accordance with applicable privacy and record retention requirements.

Detailed radiographic procedures, quality assurance protocols, equipment maintenance procedures, and clinical competency requirements are maintained within course materials, clinic protocols, and radiology program records.

Distance Education Policy

Purpose

The purpose of this policy is to maintain the integrity of distance education within the Dental Assisting and Dental Hygiene Programs by ensuring that the student who registers for a course is the same individual who participates in the course, completes the coursework, and earns academic credit. This policy also protects student privacy and ensures transparency regarding costs associated with student identity verification and ensures adherence to federal, and state guidelines and accreditation compliance.

Definition of Distance Education

The U.S. Department of Education defines distance education as education that uses technology to deliver instruction to students who are separated from the instructor. The technology used may include the internet, broadcast transmissions, audio conferencing, or other media. To qualify as distance education, the interaction between the instructor and students must be regular and substantive, involving both direct instruction and opportunities for engagement, such as feedback, discussion, or assessment. Substantive interaction encompasses activities such as direct instruction, assessing or providing feedback on coursework, providing information about content of course, and facilitating discussions, while regular interaction refers to these activities being scheduled consistently and initiated by the instructor.

Similarly, the SACSCOC Policy Statement defines distance learning as a formal educational process where the majority of instruction occurs when students and instructors are not in the same location. This can include synchronous or asynchronous instruction and may use a range of technologies, including the internet, broadcast transmissions, and digital media.

Policy Statement

The Dental Assisting and Dental Hygiene Programs are delivered primarily through face-to-face instruction due to the hands-on laboratory, preclinical, and clinical competencies required for program completion. To enhance student learning, distance education may be incorporated

into face-to-face courses for selected instructional activities, assignments, assessments, discussions, and other learning experiences when appropriate. Distance education may also be expanded during emergencies, campus disruptions, or other institutionally approved circumstances to support continuity of instruction.

Identity Verification Process

Gulf Coast State College establishes and verifies student identity in distance education courses using one or more of the following:

1. **Secure Login and Authentication**
   - Each student is assigned a unique username and secure password to access the institution's learning management system (LMS).
   - Multi-factor authentication (MFA) may be required to enhance identity verification.
2. **Proctored Examinations**
   - Exams may be administered using live or automated remote proctoring services.
   - Students may be required to present a valid, government-issued photo ID or student ID prior to beginning an examination.
3. **Additional Verification Technologies**
   - The program may utilize emerging technologies such as biometric verification, keystroke recognition, or AI-based verification tools when appropriate.
   - Faculty may incorporate synchronous sessions, oral assessments, or competency demonstrations to further confirm identity.

Protection of Student Privacy

Gulf Coast State College's Dental Assisting and Dental Hygiene programs safeguard the privacy of students enrolled in the programs by:

- Complying with applicable privacy laws (e.g., FERPA) and institutional data protection policies.
- Limiting access to student data to authorized personnel only.
- Using secure systems to store and transmit personal and authentication data.
- Protecting and securing credentials used to access the learning management system (LMS).
- Conducting regular audits and updates to maintain security effectiveness

Faculty Responsibilities

Faculty are responsible for:

- Maintaining academic quality, regular and substantive interaction, and assessing student learning.
- Documenting student participation and progress.
- Verifying student identity and reporting inappropriate activity.
- Ensuring accessibility and compliance with institutional and accreditation requirements.

Student Responsibilities

Students are responsible for:

- Maintaining confidentiality of their login credentials.
- Complying with all identity verification procedures required for their courses.
- Maintaining access and participating in all required course activities.
- Monitoring official college communication channels (e.g., Canvas, email).

Student Notification of Fees

In compliance with state regulations, Chapter 1009.23, Florida Statutes, authorizes the college to assess a per-credit hour distance learning course user fee. This statute defines a distance learning course as one where at least 80 percent of the direct instruction is delivered using technology, with students and instructors separated by time, space, or both. For the purposes of the Online Learning fee at GCSC, courses noted as “web-based” are those that are 100% asynchronous.

- Students will be informed at the time of registration or enrollment of any additional fees associated with identity verification processes.
- All such fees will be clearly disclosed in course materials, registration systems, or program documentation prior to enrollment.

Review and Updates

This policy will be reviewed periodically and updated as needed to reflect changes in institutional procedures, technology, and best practices in distance education.

Commission on Dental Accreditation

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 the 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 "approved without reporting requirements."

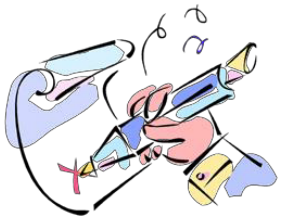
The United States Department of Education (USDE) procedures require accrediting agencies to provide an opportunity for third-party comments with respect to institutions or programs scheduled for review. Students, faculty, constituent dental societies, state boards of dentistry, and other interested parties 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 that 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).
https://coda.ada.org/policies-and-guidelines/file-a-complaint

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**
- ✓**Communicable/Infectious Disease and Hazards Exposure Statement Waiver of Liability**
- ✓**Background Check Acknowledgment Form**
- ✓**Authorization to Release Personal Information**
- ✓**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

HEALTH SCIENCES AND NURSING DIVISIONS

Communicable/Infectious Disease and Hazards Exposure Statement
Waiver of Liability

During your course of study, you may come into contact with patients who have communicable diseases, including patients who are positive for HIV, tuberculosis, or hepatitis. You may be exposed to blood or other potentially infectious materials, ionizing radiation, anesthetic gasses, and/or hazardous chemicals (i.e. Methyl methacrylate). You will be expected to assume the responsibility for complying with standard precautions to minimize the risk of disease transmission or hazards exposure.

Because you may be at risk of acquiring hepatitis B viral infection, it is recommended that you be vaccinated with hepatitis B vaccine prior to entry into the clinical portion of your course of study. This vaccination will be at your own expense.

Your signature below verifies that you have received instructions on standard precautions to include the following:

1. An explanation of the epidemiology, modes of transmission, and symptoms of blood-borne diseases.
2. A discussion of tasks that may create exposure to blood and body fluids, and methods to reduce exposure through the use of protective devices and work practices.
3. Information on the types, proper use locations, removal, handling, decontamination, and disposal of personal protective equipment.
4. Information on the hepatitis B vaccine, including its efficacy, safety, method of administration, benefits of vaccination, and how to obtain the vaccine.
5. Information on post-exposure evaluations and medical follow-up procedures following an accidental exposure.
6. An explanation of signs/labels and color-coding used to designate hazards in the lab and health care agency.

I understand that compliance with safety and training requirements is mandatory and the failure on my part to comply may result in my dismissal from the clinical training program. I assume the risk (including financial responsibility) of infection inherent in the profession I have chosen. In addition, I hereby release and hold harmless healthcare facilities in which we have established affiliation agreements, Gulf Coast State College, and the trustees, Directors, officers, faculty members, clinical agencies, administrators, employees, servants, and agents, from any and all liability resulting therefrom. I have read and understand the statement above. I understand that I may be caring for patients with communicable diseases and may be exposed to potentially infectious materials and hazards.

Printed Name/ GCSC ID Nr.	**GCSC Program**
Student Signature	**Date**

This document will be placed in your program file for reference.

Rev. 5.19.2026



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.



HEALTH SCIENCES AND NURSING DIVISIONS

Authorization for Release of Personal Information, including Social Security Number

During enrollment and participation in a GCSC Health Sciences or Nursing Division Program, students may be required to release Personally Identifiable Information (PII) and/or Protected Health Information (PHI) directly to the external clinical facilities in which we have established affiliation agreements. To comply with internal and external audit requirements, some clinical facilities may request and be provided with actual documentation such as 10-panel drug screening results, immunization records, satisfactory Tb results, physical examination, or other requested documentation as is uploaded in the student's PreCheck/SentryMD account. As a result, Gulf Coast State College may be required to provide this information directly to the clinical placement sites on behalf of the student, in addition to confirmation of an acceptable Level II background screening. Additionally, some clinical partners may require the student to directly provide their social security number to obtain access to the facility systems for badging and access purposes prior to clinical placements. In all instances, the clinical agencies would then store and maintain this information according to their internal security protocols.

Student Authorization and Acknowledgment Statement:

I acknowledge that, as part of my participation in the GCSC Health Sciences or Nursing Program and placement within external clinical agencies, certain PII/PHI as outlined above may be required for verification, compliance, badging, and facility access purposes in order to participate in course clinical placements. *Please indicate your choice by initialing:*

_____ **I voluntarily authorize** Gulf Coast State College to release the required information and/or any supporting documentation, including my provision of my own Social Security Number where applicable, to affiliated clinical agencies for the purposes of placement, compliance, badging, and access.

_____ **I do not authorize** the release of my information and/or supporting documentation, including the provision of my Social Security Number to clinical agencies. I understand that failure to provide or authorize release of this information may impact my ability to participate in clinical experiences thus my ability to progress in the program.

_____ _____

Printed Name/ GCSC ID Nr. **GCSC Program**

_____ _____

Student Signature and Date **Email Address**

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.

_____	A-_____
Printed name of student	GCSC Student ID Number
_____	_____
Signature of student	Date
_____	_____
Faculty or Program Coordinator Signature	Health Sciences or Nursing Program

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 are. 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 PrivacyPractices for the Gulf Coast State College Dental Clinic and agree to abide by the rules and regulations statedherein.

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 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 _____

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 *Telephone Number and/or E-mail Address*

_____ _____

City, State and Zip Code *Program of Study*

_____ _____

Signature *Witness*

GULF COAST STATE COLLEGE
Statement of Receipt and Understanding

I have received and read the Gulf Coast State College Dental Programs Policy Handbook 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 Policy Handbook 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, 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, and Ionizing Radiation Policy) in the Dental Programs Policy Handbook and have received training required by OSHA which includes Bloodborne Pathogens, PPEs, 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 I 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*

Rev. 5/2026

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	• 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	• 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	• 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)	• 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	• 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	• 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	• 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	• 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	• Perform palpation, functions of physical examination and/or those related to therapeutic intervention
Environmental	Ability to tolerate environmental stressors	• 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
2026-2027



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

850.769.1551 T 800.311.3685
www.gulfcoast.edu

Division on Health Sciences
Dental Assisting Program

Congratulations and welcome to the Dental Assisting Program at Gulf Coast State College!

We are excited to support you as you begin your educational journey with us. The Dental Programs faculty and staff are committed to providing a high-quality educational experience that prepares you for success in the dental profession.

The Dental Assisting Program is fully accredited by the Commission on Dental Accreditation (CODA) and combines classroom instruction, laboratory experiences, and clinical education to help you develop the knowledge, skills, and competencies required of an entry-level dental assistant. Graduates of the program are eligible to apply to take the Dental Assisting National Board (DANB) examination to become a Certified Dental Assistant (CDA).

Upon successful completion of the program, you will be prepared for employment in a variety of dental settings, including general dentistry, orthodontics, oral surgery, endodontics, periodontics, prosthodontics, pediatric dentistry, and community-based dental clinics. As you gain experience, additional career opportunities may include dental product sales, dental insurance, practice management, education, and research.

The Dental Programs faculty and staff are proud of our nationally accredited programs and our state-of-the-art dental facility. Our goal is to provide a supportive learning environment that promotes academic achievement, clinical competence, professionalism, and lifelong learning.

This handbook contains important policies, procedures, and information specific to the Dental Programs. Please read it carefully and refer to it throughout your time in the program. If you have questions or need clarification regarding any policy, please contact your program coordinator or academic advisor.

We wish you every success and look forward to working with you throughout your educational journey.

Sincerely,

Laurie Womble
Laurie Womble, CDA, BHs, MS
Coordinator Dental Assisting Program
Gulf Coast State College

GULF COAST STATE COLLEGE
DENTAL ASSISTING PROGRAM

PROGRAM PHILOSOPHY:

The Dental Assisting Program at Gulf Coast State College is committed to student success and believes that learning occurs through the integration of classroom instruction, laboratory experiences, clinical practice, and community engagement. Faculty and students share responsibility in the educational process, working collaboratively to foster professional growth, personal accountability, and lifelong learning. The program promotes critical thinking, problem-solving, effective communication, and ethical decision-making while preparing students to function as competent members of the oral healthcare team. Students are encouraged to develop respect for individuality, professionalism, and a commitment to patient-centered care. Through the integration of current technologies, evidence-based practices, and hands-on learning experiences, the program prepares graduates to meet the evolving needs of the dental profession while contributing to the oral health and well-being of the communities they serve.

PROGRAM MISSION:

The mission of the Dental Assisting Program at Gulf Coast State College is to provide a supportive learning environment that recognizes and respects the diversity, dignity, and potential of each individual. The program promotes competence, integrity, responsibility, respect, fairness, and service as essential professional values necessary for success as an entry-level dental assistant.

The program is committed to preparing graduates to meet the workforce needs of the profession while supporting the oral health needs of the community through affordable, high-quality care provided in a technologically advanced campus dental clinic.

PROGRAM 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

The standards and benchmarks for this program were updated for the 2026-27 academic year.

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	
Program Length	1230 hours	
Teacher Certification	Refer to the **Program Structure** section.	
CTSO	HOSA	
SOC Codes (all applicable)	For program SOC codes, please see the Program and Course Tables section of the CTE Program Resources page linked below.	
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
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

Florida's Career Readiness Skills for CTE Programs

Employability Skills	
01.0	Apply academic skills to workplace scenarios.
	01.01 Use reading skills.
	01.02 Use writing skills.
	01.03 Use mathematical strategies and procedures.
	01.04 Use scientific principles and procedures.
02.0	Design a solution to an industry problem.
	02.01 Use critical thinking.
	02.02 Use creativity.
	02.03 Make sound decisions.
	02.04 Solve problems.
	02.05 Reason.
	02.06 Plan and organize.
03.0	Manage resources within an industry project
	03.01 Manage time.
	03.02 Manage money or resources.
	03.03 Manage materials.
	03.04 Manage personnel.
04.0	Oversee the subcomponents, operations and output of a technical or organizational system.
	04.01 Manage systems.
	04.02 Monitor systems.
	04.03 Improve systems.
05.0	Use information for decision making.
	05.01 Locate information.
	05.02 Organize information.
	05.03 Use information.

	05.04 Analyze information.
	05.05 Communicate information.
06.0	Apply relevant technology to workplace scenarios to aid productivity.
	06.01 Use technology.
07.0	Interpret and express interpersonal communication.
	07.01 Communicate verbally.
	07.02 Listen actively.
	07.03 Comprehend written material.
	07.04 Convey information in writing.
	07.05 Communicate nonverbally.
	07.06 Interpret nonverbal communication.
08.0	Interact with others to accomplish workplace goals.
	08.01 Collaborate with others in a team.
	08.02 Respond to customer needs.
	08.03 Exercise leadership.
	08.04 Negotiate to resolve conflict.
	08.05 Respect others.
09.0	Manage personal behavior to maximize productivity and professional growth.
	09.01 Demonstrate responsibility and self-discipline.
	09.02 Adapt and show flexibility.
	09.03 Work independently.
	09.04 Demonstrate a willingness to learn.
	09.05 Demonstrate integrity.
	09.06 Demonstrate professionalism.
	09.07 Take initiative.
	09.08 Display positive attitude.
	09.09 Take responsibility for professional growth.

Job Attainment	
10.0	Find, assess and apply to job opportunities.
10.01	Identify online job posts relevant to his or her career aspirations.
10.02	Compare and contrast the job posts' required qualifications, job duties, compensation, benefits and employers.
10.03	Define what information, documentation and writing prompts are required for the positions.
11.0	Communicate personal competence, character and fit for a job opportunity.
11.01	Develop a resume.
11.02	Write a cover letter.
11.03	Curate a professional portfolio that includes work products.
11.04	Prepare for and experience a mock job interview.
12.0	Cultivate and leverage relationships to professionally advance.
12.01	Request a signed reference letter, letter of recommendation and/or an online skill/professionalism endorsement.
12.02	Develop a plan to cultivate a professional digital footprint.
12.03	Develop a networking plan for a specific industry of interest.

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.
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, disease transmission, 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 using current technology.
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 causes 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 and the dental health care team.
01.09	Demonstrate knowledge in communicating and collaborating with other members of the health care team to support comprehensive patient care.
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 communication, including communication styles and barriers.
02.04	Compose written communication using correct spelling, grammar, etiquette, formatting, confidentiality, and specific formats of letter writing.
02.05	Recognize components of medical and dental terminology, abbreviations, and their uses.
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 orientation of diversity, but not limited to sexual orientation, gender orientation, disability, age, culture, economics, or ethnicity.
	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 466, F.S. and Rule 64B5-16, F.A.C. and Rule 64B5-25, F.A.C. applicable to practice by the dental health workers and providers.
	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 and the use of personal electronic devices in the workplace.
	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 the dental profession’s Code of Ethics with emphasis on 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 various forms of abuse (i.e., trafficking, domestic violence, and neglect).
	03.15	Demonstrate an understanding of reporting requirements for all types of abuse.
	03.16	Identify resources for victims of abuse.
	03.17	Explain risk management and root cause analysis.
	03.18	Define commonly used legal vocabulary relating to dentistry.

	03.19 Describe ethical considerations/obligations in the dental team-patient relationship.
	03.20 Apply self-assessment skills to prepare for lifelong learning.
	03.21 Apply ethical principles, legal, and regulatory concepts to resolve ethical dilemmas.
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 Identify and develop a control plan to address the issues of positive self-image, wellness, and stress.
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 the Occupational Safety and Health Administration (OSHA) and Centers for Disease Control (CDC) regulations (including standard precautions).
	05.04 Recognize Safety Data Sheets (SDS) and Globally Harmonized System (GHS) labels and comply with safety signs, symbols, and labels.
	05.05 Demonstrate procedures for the safe transport and transfer of patients.
	05.06 Describe workplace preparedness and procedures for fire safety, disaster, and evacuation.
	05.07 Explain emergency procedures to follow for responding to, reporting, and recording workplace incidents and acts of violence.
	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. 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/providers as they apply to hygiene, dress, language, confidentiality, and behavior (i.e., telephone etiquette, courtesy, and self-introductions).
	08.03 Examine levels of education and industry credentialing requirements, including licensure and certification, employment opportunities, workplace environments, and career growth potential.
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 Demonstrate knowledge of the transmission and treatment of diseases caused by airborne and blood-borne pathogens, infectious agents, and organisms.
	09.03 Identify "at risk" behaviors that promote the spread of infectious 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 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 the Centers for Disease Control and Prevention (CDC) guidelines.
	09.06 Demonstrate knowledge of the legal aspects of patient privacy, standard precautions, and incident reporting protocols.
	09.07 Demonstrate knowledge of the legal aspects of treating patients with infectious diseases, including testing and proper documentation.
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 problem-solving 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 the head and neck anatomy, including bones, muscles, sinuses, salivary glands, lymph nodes, nerves, and blood vessels.
	12.02 Identify embryonic development of the 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 occlusion 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, disease transmission, 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 Perform aseptic handwashing technique.
	13.05 Describe, apply, and differentiate between methods of pre-cleaning, disinfection, and sterilization of the dental environment.
	13.06 Identify chemicals and their uses for controlling the spread of disease in the dental environment.
	13.07 Identify and practice the current CDC guidelines for infection control in dental healthcare settings.
	13.08 Describe the duties of the dental office safety coordinator.
	13.09 Demonstrate compliance with the OSHA Blood-Borne Pathogens Standard (29CFR-1910.1030) applicable to the dental office environment.
	13.10 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.
	13.11 Define principles of infection control, including standard and transmission-based precautions.

13.12	Demonstrate knowledge of dental asepsis within the dental environment.
13.13	Implement appropriate hand hygiene procedures and use of personal protective equipment.
13.14	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 operatory and laboratory equipment.
14.02	Identify types and functions of operative, restorative, surgical, prosthodontic, periodontic, orthodontic, and endodontic dental instruments.
14.03	Maintain dental operatory 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.
14.10	Assist with and place dental dams as permitted by Florida Statute and Florida Board of Dentistry Rule.

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, health, and 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 the patient's chart.
	15.07 Perform a visual assessment of existing oral conditions.
	15.08 Distinguish between and report subjective, objective, indications, and contraindication information.
	15.09 Report relevant information in order of occurrence.
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/medication prescription in a patient's chart.
	16.04 Understand ratios and proportional problems to calculate prescribed drug dosages as instructed by the dentist.
	16.05 Identify drug/medicaments actions, metabolism, side effects, indications, and contraindications; verify with Physician's Desk Reference (PDR) or its equivalent.
	16.06 Identify pharmaceuticals and medicaments used in dentistry.
	16.07 Identify the tissues innervated by each of the nerves associated with dental local and topical anesthetics to 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 Understand the calculations of nitrous oxide-oxygen delivered by the dentist 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 Recognize specific conditions in the oral cavity that may be caused by pharmaceutical agents.
	16.16 Discuss the dental team's responsibility to recognize patients with drug addictions.
17.0	Identify and perform dental radiographic procedures using current technology. The student will be able to:

17.01	Describe the history, physics, and biological effects of ionizing radiation.
17.02	Identify parts of the radiography machine, including accessories.
17.03	Demonstrate radiologic health protection techniques.
17.04	Place and expose dental radiographic images on digital image receptors.
17.05	Perform extraoral radiography as required for dental diagnostic procedures.
17.06	Describe and identify radiographic anatomical landmarks and pathologies.
17.07	Mount radiographic images.
17.08	Describe how to maintain digital image receptors and/or image devices.
17.09	Maintain digitally acquired radiographic images.
17.10	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 Statutes 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 thermoplastic materials.
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 and maxillofacial specialties, orthodontics, prosthodontics, dental radiology, pathology, oral implantology, dental anesthesia, dentofacial orthopedics, and oral medicine.
	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 and intraoral scanning technology.
	19.07 Identify, describe, and demonstrate the uses and principles of phlebotomy as they pertain to dentistry.
	19.08 Identify, describe, and demonstrate the properties, uses, and principles of autologous blood concentrates as they pertain to dentistry.

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 Identify, communicate, and instruct patients on applicable methods of preventative dentistry that utilize: • Risk assessment • Evidence-based learning • Individualized preventive care plans • Motivational interviewing/counseling
	20.04 Training regarding health status and rationale for preventive care plan.
	20.05 Prepare and set up for various preventative procedures.
	20.06 Identify properties and uses of abrasive agents used to polish coronal surfaces and appliances.
	20.07 Perform coronal polish and apply anticariogenic and desensitizing treatments as permitted by Florida Statute and Florida Board of Dentistry Rule.

20.08	Clean and polish removable dental appliances.
20.09	Apply dental sealants as permitted by Florida Statute and Florida Board of Dentistry Rule.
20.10	Identify the elements of nutrition, basic food groups, and acceptable diets as recommended by the U.S. Department of Agriculture.
20.11	Identify dietary deficiencies and dietary practices that contribute to the manifestation of symptoms in the oral cavity.
20.12	Describe the metabolism of nutrient foods, vitamins, and minerals by the human body and pathological conditions related to nutrient deficiencies.
20.13	Identify community dental resources and services available.
20.14	Understand the dynamics of preventive dentistry in the dental public health setting.
21.0	Perform general dental business office procedures. The student will be able to:
21.01	Maintain appointment control.
21.02	Assess, create, modify, and maintain an active re-care system.
21.03	Prepare and maintain accurate patient records.
21.04	Prepare and maintain patient financial records and 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 dental office inventory control and purchasing.
21.08	Demonstrate public relations responsibilities of the secretary/receptionist.
21.09	Demonstrate skills on office equipment to include computers and dental office management practice software.
21.10	Maintain the dental business office environment.
21.11	Receive and dismiss patients and visitors.
21.12	Demonstrate appropriate patient management/customer service skills.
21.13	Demonstrate and maintain office financial records and budgets.
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.
22.04	Develop and maintain a professional portfolio to document knowledge, continued education, skills, and experience.
22.05	Write an appropriate resume.
22.06	Conduct a job search and complete a job application correctly.
22.07	Demonstrate effective job interview techniques.
22.08	Examine levels of education and credentialing requirements, including licensure and certification, employment opportunities, workplace environments, and career growth potential.

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)

CTSOs are co-curricular career and technical student organizations 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. Other CTSOs not listed in this curriculum framework or recognized by the Florida Department of Education are permissible provided they support student mastery over the standards and benchmarks of this curriculum framework.

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, F.S., 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.

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 ADEA 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.
https://www.adea.org/docs/default-source/uploadedfiles/uploadedfiles/adea/site-pages/adea_competencies_for_entry_into_the_allied_dental_professions.pdf

PROGRAM COMPETENCIES

The Dental Assisting curriculum is designed to develop the knowledge, skills, behaviors, and professional competencies required of an entry-level dental assistant. Competencies are integrated throughout the curriculum and assessed through didactic instruction, laboratory experiences, clinical education, and competency-based evaluations. Detailed program competencies and course learning outcomes are identified within the curriculum and individual course syllabi.

PROFESSIONAL CREDENTIALS

EXPANDED FUNCTIONS CERTIFICATION:

Students who successfully complete DES 1832 – Expanded Functions and DES 1832L – Expanded Functions Laboratory, as required for graduation from the Dental Assisting Program, will be awarded a **Florida Expanded Functions Certificate** from Gulf Coast State College.
This certificate documents successful completion of the educational requirements for the expanded functions currently delegable to dental assistants under Chapter 64B5-16, Florida Administrative Code, and is recognized for practice within the State of Florida.
Because expanded functions and the scope of practice for dental assistants vary by state, graduates who relocate may be required to meet additional education, training, or certification requirements before performing expanded functions in another state. Graduates are encouraged to consult the dental board or licensing agency in the state where they intend to practice for current requirements or visit https://www.danb.org/state-requirements .

FLORIDA RADIOLOGY CERTIFICATION:

Students who successfully complete DES 1200 – Dental Radiology, DES 1200L – Dental Radiology Laboratory, DES 1201 – Dental Radiology II, and DES 1201L – Dental Radiology II Laboratory, as required for graduation from the Dental Assisting Program, will be awarded a **Florida Dental Radiography Certificate** from Gulf Coast State College.
This certificate documents successful completion of the educational requirements necessary to expose dental radiographs under the direct supervision of a licensed dentist in accordance with applicable Florida laws and regulations.
Because dental radiography requirements for dental assistants vary by state, graduates who relocate may be required to meet additional education, training, or certification requirements before exposing dental radiographs in another state. Graduates are encouraged to consult the dental board or licensing agency in the state where they intend to practice for current requirements or visit https://www.danb.org/state-requirements.
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DENTAL ASSISTING NATIONAL BOARD (DANB) EXAM:

Graduates of the Gulf Coast State College Dental Assisting Program are eligible to apply to take the **Certified Dental Assistant (CDA)** examination administered by the Dental Assisting National Board (DANB), provided they meet all current eligibility requirements.
Although national certification is not required for employment as a dental assistant in Florida, the CDA credential is a nationally recognized certification that demonstrates professional competency and a commitment to the dental assisting profession. Many employers recognize or prefer the credential, and some states require DANB certification or recognize it as part of their dental assisting requirements.
To assist students in preparing for the CDA examination, a comprehensive mock DANB examination is administered as part of DEA 0801. Participation in this preparatory examination is required and

provides students with an opportunity to assess their readiness and identify areas for additional study. Current information regarding examination eligibility, certification requirements, and state-specific information is available through the Dental Assisting National Board (DANB) website at 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. Membership in the ADAA provides membership in all these-national, state and local.
***American Dental Assistants Association*

The Dental Assisting Program encourages students to participate in professional organizations as a means of promoting professional development, leadership, lifelong learning, and engagement within the dental assisting profession.

The **Student American Dental Assistants Association (SADAA)** is the student membership division of the **American Dental Assistants Association (ADAA)** and is open to students enrolled in accredited dental assisting programs. Participation in professional organizations provides students with opportunities to enhance their professional development, leadership skills, networking, and knowledge of the dental assisting profession. Students are encouraged to become active members of SADAA and participate in professional activities whenever possible. Additional information regarding membership and professional opportunities is available through the American Dental Assistants Association (ADAA).

For more information, please visit the American Dental Assistants Association at: https://adaausa.org/

CLASS OFFICERS:

The Dental Assisting class elects four class officers each academic year to provide leadership, represent the interests of the class, and assist with program activities and special events.

The elected officers include:

- President
- Vice President
- Secretary
- Treasurer

MANDATORY MEETINGS:

Members of the Student American Dental Assistants Association (SADAA) are expected to participate in scheduled meetings and activities. Representatives of the organization may also attend meetings with the Gulf Coast State College Student Activities Board as appropriate. Meeting dates and times will be established at the beginning of each semester.

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.

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Office: HS 107
Phone: (850) 769-1551 ext. 2819

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 presented to the student who has demonstrated the highest level of academic achievement throughout the Dental Assisting Program.

OUTSTANDING DENTAL ASSISTING STUDENT AWARD:

This award is presented to the student who has demonstrated exceptional leadership and professionalism throughout the Dental Assisting Program in both the classroom and clinical setting. The recipient is selected through a vote of the program faculty and members of the graduating class.

M.F BUDDY KELLY SCHOLARSHIP:

This scholarship is awarded based on demonstrated financial need to help offset the costs associated with tuition and other educational expenses. Scholarship applications are typically distributed and collected during the spring semester.

ROBERT L. YOUNG D.M.D SCHOLARSHIP:

This scholarship is awarded based on demonstrated financial need to help offset the costs associated with tuition and other educational expenses. Scholarship applications are typically distributed and collected during the spring semester.

STUDENT SUPPORT

ACADEMIC ASSISTANCE:

The Dental Assisting faculty are committed to supporting student success throughout the program. Recognizing the rigor of the curriculum, faculty provide academic guidance, mentoring, and individualized assistance to help students achieve the knowledge, skills, and competencies required for successful program completion.

Student progress is monitored throughout each semester. Mid-semester evaluations are conducted to review academic and clinical performance, identify areas for improvement, and develop strategies for student success. When academic or clinical concerns are identified, faculty will meet with the student to discuss recommendations and available support resources.

Academic assistance may include:

- Faculty mentoring and individual assistance
- Peer study groups
- Gulf Coast State College Success Center
- Gulf Coast State College Student Success Workshops and academic support services

STUDENT ACCESSIBILITY RESOURCES:

Gulf Coast State College supports an inclusive learning environment for all students. If there are aspects of the instruction or design of this course that hinder your full participation, reasonable accommodations can be arranged. Prior to receiving accommodations, you must register with Student Accessibility Resources. Appropriate academic accommodations will be determined based on the documented needs of the student. For information regarding the registration process, email sar@gulfcoast.edu or call (850) 747-3243.

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READMISSION GUIDELINES

Readmission Guidelines:

A student who withdraws from the Dental Assisting Program, earns a grade below a **"C"** in any required Dental Assisting course, or no longer meets the program's Technical Standards is not eligible to progress in the program.

Students seeking readmission must demonstrate the potential for future success in the program. Consideration may be given to factors such as extenuating circumstances, successful remediation, completion of additional coursework, relevant work experience, or other evidence of academic and professional readiness.

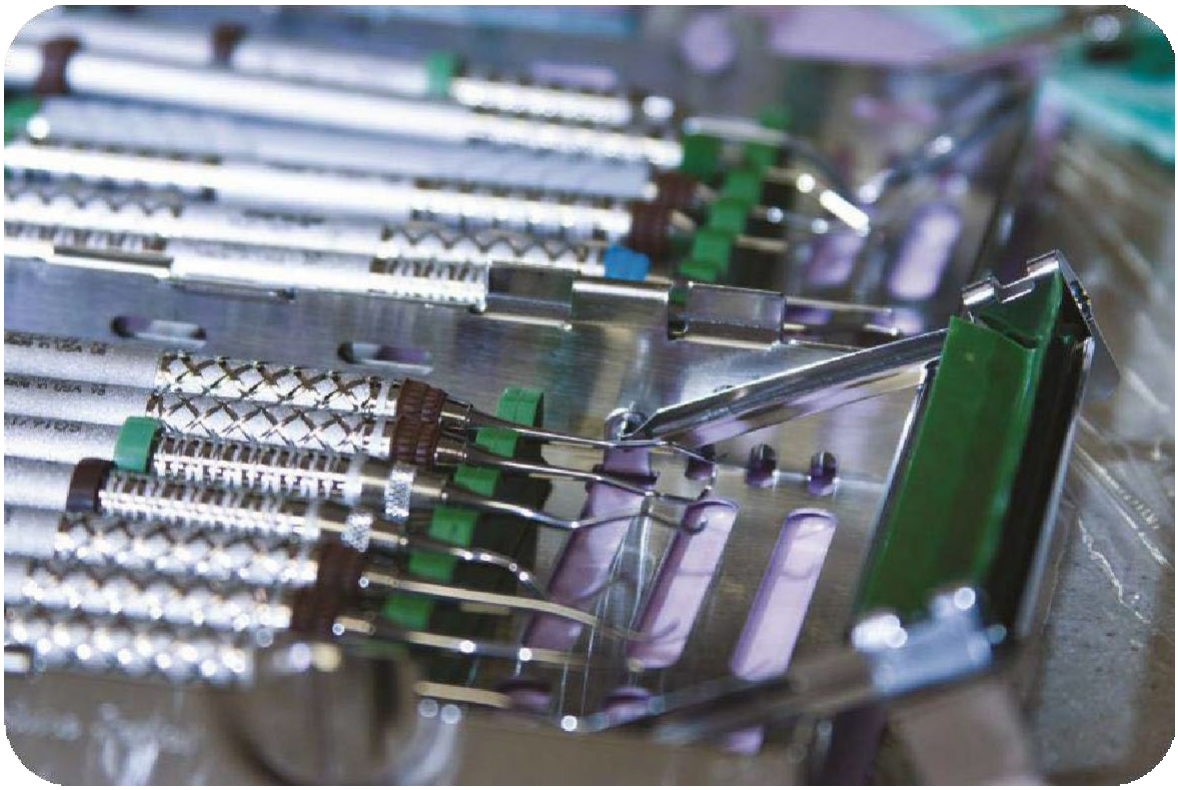
Readmission is **not guaranteed** and is contingent upon available program resources, clinical capacity, and space availability.

To be considered for readmission, the applicant must:

1. Submit a written request to the Dental Programs Coordinator outlining the circumstances surrounding the withdrawal or unsuccessful course completion and providing supporting documentation demonstrating readiness to successfully complete the program. Supporting documentation may include letters of recommendation, evidence of additional coursework, work experience, or other relevant information.
2. Meet all current admission requirements of Gulf Coast State College and the Dental Assisting Program in effect at the time of readmission.

As a condition of readmission, the Admissions Committee may require the student to audit previously completed Dental Assisting courses, successfully demonstrate competency in selected knowledge or clinical skills, or satisfy other requirements deemed necessary to support student success.

DENTAL HYGIENE PROGRAM 2026-2027



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

850.769.1551 T 800.311.3685
www.gulfcoast.edu

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 standardof 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 otherprofessionals.

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 ***A****ssessment, Dental Hygiene* ***D****iagnosis,* ***P****lanning,* ***I****mplementation,* ***E****valuation and* ***D****ocumentation (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:

1. ADHA Standards for Clinical Dental Hygiene Practice https://www.adha.org/wp-content/uploads/2025/03/2025_Standards-of-Dental-Hygiene-Practice.pdf
2. ADEA Compendium of Curriculum Guidelines for Allied Dental Education Programs https://www.adea.org/docs/default-source/adea-main/information-for-allied-dental-faculty-and-staff/adea-compendium-of-curriculum-guidelines-(may-2016).pdf?sfvrsn=f586f3_2

Florida Department of Education
Curriculum Framework

The standards and benchmarks for this program were updated for the 2026-27 academic year.

Program Title: **Dental Hygiene**
Career Cluster: **Health Science**

Associate in Science	
CIP Number	1351060200
Program Type	College Credit
Program Length	88 credit hours
CTSO	HOSA
SOC Codes (all applicable)	For program SOC codes, please see the Program and Course Tables section of the CTE Program Resources page linked below.
CTE Program Resources	http://www.fldoe.org/academics/career-adult-edu/career-tech-edu/program-resources.stml

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.

This program is designed to prepare students for employment as dental hygienists or to provide supplemental training for persons previously or currently employed in this occupation.

The content includes but is not limited to patient assessment, dental hygiene instrumentation and direct patient care services (scaling/root planing/curettage/radiographs/oral hygiene-instruction/expanded functions), community dental health, dental office emergencies, infection control, special needs dental care, office management, employability skills, ethics and jurisprudence.

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 88 credit hours.

When developing the course sequence for the local implementation of this program, select courses that:

- Meet the skill development requirements of the standards and benchmarks of this program.
- Meet the general education core course requirements of Rule 6A-14.0303, Florida Administrative Code.
- Where reasonable and practicable, align with programs offered by your institution or other postsecondary institutions in Florida, including:
    - Related CCC and ATD credentials.
    - Baccalaureate degrees within the same career pathway and/or Federal CIP code.

Visit FloridaShines' Discover Programs website to identify other institutions that offer similar programs to review their course sequencing. Where appropriate, course alignment between institutions offering related programs can facilitate interagency student articulation.

Visit FloridaShines' Common Prerequisites Manual to identify courses that are prerequisites for admission into an upper division program. When sub-baccalaureate courses are aligned to the course admissions requirements of baccalaureate programs with the same career pathway, students can enter upper division coursework seamlessly.

Regulated Programs

Students are prepared to take the Dental Hygiene National Board and state licensure examinations. Dental Hygiene Programs accredited by the American Dental Association Commission on Dental Accreditation are required to implement clinical experiences outlined in these program standards.

Florida's Career Readiness Skills for CTE Programs

Employability Skills

01.0	Apply academic skills to workplace scenarios.
	01.01 Use reading skills.
	01.02 Use writing skills.
	01.03 Use mathematical strategies and procedures.
	01.04 Use scientific principles and procedures.
02.0	Design a solution to an industry problem.
	02.01 Use critical thinking.
	02.02 Use creativity.
	02.03 Make sound decisions.
	02.04 Solve problems.
	02.05 Reason.
	02.06 Plan and organize.
03.0	Manage resources within an industry project
	03.01 Manage time.
	03.02 Manage money or resources.
	03.03 Manage materials.
	03.04 Manage personnel.
04.0	Oversee the subcomponents, operations and output of a technical or organizational system.
	04.01 Manage systems.
	04.02 Monitor systems.
	04.03 Improve systems.
05.0	Use information for decision making.
	05.01 Locate information.
	05.02 Organize information.
	05.03 Use information.

	05.04 Analyze information.
	05.05 Communicate information.
06.0	Apply relevant technology to workplace scenarios to aid productivity.
	06.01 Use technology.
07.0	Interpret and express interpersonal communication.
	07.01 Communicate verbally.
	07.02 Listen actively.
	07.03 Comprehend written material.
	07.04 Convey information in writing.
	07.05 Communicate nonverbally.
	07.06 Interpret nonverbal communication.
08.0	Interact with others to accomplish workplace goals.
	08.01 Collaborate with others in a team.
	08.02 Respond to customer needs.
	08.03 Exercise leadership.
	08.04 Negotiate to resolve conflict.
	08.05 Respect others.
09.0	Manage personal behavior to maximize productivity and professional growth.
	09.01 Demonstrate responsibility and self-discipline.
	09.02 Adapt and show flexibility.
	09.03 Work independently.
	09.04 Demonstrate a willingness to learn.
	09.05 Demonstrate integrity.
	09.06 Demonstrate professionalism.
	09.07 Take initiative.
	09.08 Display positive attitude.
	09.09 Take responsibility for professional growth.

Job Attainment	
10.0	Find, assess and apply to job opportunities.
10.01	Identify online job posts relevant to his or her career aspirations.
10.02	Compare and contrast the job posts' required qualifications, job duties, compensation, benefits and employers.
10.03	Define what information, documentation and writing prompts are required for the positions.
11.0	Communicate personal competence, character and fit for a job opportunity.
11.01	Develop a resume.
11.02	Write a cover letter.
11.03	Curate a professional portfolio that includes work products.
11.04	Prepare for and experience a mock job interview.
12.0	Cultivate and leverage relationships to professionally advance.
12.01	Request a signed reference letter, letter of recommendation and/or an online skill/professionalism endorsement.
12.02	Develop a plan to cultivate a professional digital footprint.
12.03	Develop a networking plan for a specific industry of interest.

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 and written communication skills in creating, expressing, and interpreting information and ideas.
03.0 Describe the legal and ethical responsibilities of the dental health care provider.
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.
08.0 Explain the importance of employability skills.
09.0 Demonstrate knowledge of infectious diseases.
10.0 Demonstrate leadership and teamwork skills needed to accomplish team goals and objectives.
11.0 Perform remediable tasks delegable to a dental hygienist as permitted by Florida Statutes/Law.
12.0 Perform dental office procedures.
13.0 Identify, describe, maintain, and utilize dental instruments and equipment.
14.0 Identify and perform dental and radiographic procedures.
15.0 Identify the properties and uses of dental materials, demonstrate their manipulation, and integrate digital technologies such as image scanners and software for designing and fabricating dental appliances, crowns, and restorations.
16.0 Identify and explain the formation and function of the head, neck, dental structures, and tissues, including pathological conditions of the human body in relation to the oral cavity.
17.0 Identify and explain principles of microbiology, disease transmission, disease prevention, and perform infection control procedures.
18.0 Explain usage, administration, indications, contraindications, adverse reactions, and precautions of pharmaceutical and anesthetic agents used in the treatment of dental disease.
19.0 Describe principles and perform techniques of preventive dentistry.
20.0 Perform patient assessment.
21.0 Perform direct patient services and competently provide the dental hygiene process of care for the child, adolescent, adult, and geriatric patient, as well as the special needs patient.
22.0 Implement and evaluate community health interventions and research activities.

Florida Department of Education
Student Performance Standards

Program Title: **Dental Hygiene**
CIP Number: **1351060200**
Program Length: **88 credit hours**

At the completion of this program, the student will be able to:	
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 roles of general and specialty dental healthcare providers, including the services offered by specialists such as orthodontists, periodontists, and oral surgeons.
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 factors that influence the current delivery system of dental healthcare.
01.07	Explain the impact of current and emerging issues, including, Artificial Intelligence (AI), teledentistry, technology, epidemiology, bioethics, and socioeconomics on the dental healthcare delivery system.
01.08	Discuss the history of dentistry and dental hygiene.
01.09	Demonstrate knowledge in communicating and collaborating with other members of the health care team to support comprehensive patient care.
02.0	Use oral and written communication skills 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.
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	Develop and implement effective patient education strategies, including written, oral, and digital communication methods.
	02.08	Adapt communication skills to meet various levels of understanding and orientation of diversity, including but not limited to sexual orientation, gender orientation, disability, age, culture, economics, ethnicity, and religion.
	02.09	Identify psychological considerations influencing communication and behaviors.
03.0	Describe the legal and ethical responsibilities of the dental health care provider. The student will be able to:	
	03.01	Identify areas of 466, F.S., Rule 64B5-16, F.A.C., and Rule 64B5-25, F.A.C., applicable to practice by dental health providers.
	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), including but not limited to social media and use of personal electronic devices in the workplace.
	03.07	Distinguish between express, 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 the dental hygienist profession’s Code of Ethics.
	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 child, elder, and domestic abuse as mandated by law.
	03.15	Demonstrate an understanding of reporting requirements for all types of abuse.
	03.16	Identify resources for victims of abuse.
	03.17	Define commonly used legal vocabulary relating to dentistry.
	03.18	Describe ethical considerations/obligations in the dental team-patient relationship.

	03.19	Explain risk management and root cause analysis in the prevention of medical errors, infection control breaches, improper documentation, and failure to obtain informed consent.
	03.20	Apply self-assessment skills to prepare for lifelong learning.
	03.21	Apply ethical, legal, and regulatory principles to resolve ethical dilemmas.
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 associated with each body system, emphasizing the oral manifestations of disease and the necessary modifications to treatment.
	04.03	Explain basic concepts of positive self-image, wellness, and stress.
	04.04	Describe 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, including the proper transport and transfer of patients.
	05.02	Utilize root cause analysis, electronic health record audits, and checklists for medical/dental error prevention.
	05.03	Demonstrate an understanding of personal safety procedures based on Occupational Safety and Health Administration (OSHA) and Centers for Disease Control and Prevention (CDC) regulations (including standard precautions).
	05.04	Recognize Safety Data Sheets (SDS) and Globally Harmonized System (GHS) labels and comply with safety signs, symbols, and labels.
	05.05	Describe workplace preparedness and procedures for fire safety, disaster, and evacuation.
	05.06	Explain procedures to follow for responding to, reporting, and recording workplace incidents.
	05.07	Demonstrate handwashing and the use of personal protective equipment in dentistry.
06.0	Recognize and respond to emergency situations. The student will be able to:	
	06.01	Take and record vital signs and know abnormal vital parameters (bp, blood glucose, respirations, etc.) and their implications for dental treatment.
	06.02	Describe legal parameters relating to the administration of emergency care.
	06.03	Obtain and maintain certification in cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), foreign body airway obstruction (FBAO), and first aid.
07.0	Use information technology tools. The student will be able to:	

	07.01	Define terms and demonstrate basic computer skills.
	07.02	Interpret and input information from electronic medical documents.
	07.03	Demonstrate an understanding of Artificial Intelligence (AI) software and its applications in digital dentistry.
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 providers.
	08.03	Develop a professional resume and/or career portfolio.
	08.04	Conduct a job search and complete a job application form.
	08.05	Demonstrate effective job interview techniques.
	08.06	Examine levels of education, credentialing requirements (including licensure and certification), employment opportunities, workplace environments, and career growth potential.
09.0	Demonstrate knowledge of infectious diseases. The student will be able to:	
	09.01	Recognize oral manifestations of systemic diseases and infections that may contraindicate dental treatment.
	09.02	Recognize emerging diseases and disorders.
	09.03	Demonstrate knowledge of transmission of infectious diseases, their causative agents, and the treatment of diseases caused by infectious organisms.
	09.04	Identify "at-risk" behaviors that promote the spread of infectious diseases and the public education necessary to combat the spread of these diseases.
	09.05	Identify community resources and services available to individuals with infectious diseases.
	09.06	Apply infection control techniques designed to prevent the spread of infectious diseases in the care of all patients following the Centers for Disease Control and Prevention (CDC) guidelines.
	09.07	Demonstrate knowledge of the legal aspects of treating patients with infectious diseases, including testing and proper documentation.
10.0	Demonstrate leadership and teamwork skills needed to accomplish team goals and objectives. The students will be able to:	
	10.01	Analyze attributes of effective leadership.
	10.02	Recognize factors and situations that may lead to conflict.
	10.03	Demonstrate effective problem-solving techniques for managing team conflict.

11.0	Perform remediable tasks delegable to a dental hygienist as permitted by Florida Statutes/Law. The student will be able to:
	11.01 Demonstrate remediable delegable tasks to lab and/or clinical competence.
12.0	Perform dental office procedures. The student will be able to:
	12.01 Maintain appointment control with effective time management skills.
	12.02 Assess, create, modify, and maintain an active re-care system.
	12.03 Prepare and maintain accurate patient records and conduct chart audits.
	12.04 Demonstrate skills on office equipment to include computers and dental office management systems.
	12.05 Utilize correct dental codes and nomenclature for procedures.
13.0	Identify, describe, maintain, and utilize dental instruments and equipment. The student will be able to:
	13.01 Identify and demonstrate the operation of dental operatory and laboratory equipment.
	13.02 Maintain dental operatory equipment and instruments.
	13.03 Identify and demonstrate the use of dental hygiene instruments.
14.0	Identify and perform dental and radiographic procedures. The student will be able to:
	14.01 Describe the history, physics, and biological effects of ionizing radiation.
	14.02 Identify parts of the radiographic imaging machine.
	14.03 Demonstrate radiologic health protection techniques.
	14.04 Perform radiographic procedures that include processing, utilization, and care of equipment.
	14.05 Place image receptors, expose dental images, and understand the relevance of exposure settings, times, and patient record keeping.
	14.06 Identify radiographic anatomical landmarks.
	14.07 Mount radiographic surveys and/or save and store digital files.
	14.08 Recognize and correct errors in exposing radiographic images.
15.0	Identify the properties and uses of dental materials, demonstrate their manipulation, and integrate digital technologies such as image scanners and software for designing and fabricating dental appliances, crowns, and restorations. The student will be able to:

	15.01 Identify properties and uses, and demonstrate manipulation of gypsum.
	15.02 Identify properties and uses, and demonstrate manipulation of sealants and restorative materials.
	15.03 Identify properties and uses, and demonstrate manipulation of dental cements.
	15.04 Identify properties and uses, and demonstrate manipulation of impression materials.
	15.05 Identify properties and uses, and demonstrate manipulation of acrylics and/or thermoplastics.
	15.06 Identify and demonstrate dental laboratory procedures as outlined by remediable tasks delegable to the dental hygienist by Florida Statute/Law.
16.0	Identify and explain the formation and function of the head, neck, dental structures, and tissues, including pathological conditions of the human body in relation to the oral cavity. The student will be able to:
	16.01 Identify structures and functions of head and neck anatomy, including bones, muscles, sinuses, salivary glands, lymph nodes, nerves, and blood vessels.
	16.02 Identify embryonic development of the head, oral cavity, and teeth.
	16.03 Describe the histological components of the head, oral cavity, and elements of the teeth and supporting structures.
	16.04 Describe and differentiate between normal and malocclusion.
	16.05 Identify the elements of the chemical basis of life, cellular metabolism, and the structure of the major tissue types of the human body.
	16.06 Describe the metabolism of nutrient foods, vitamins, and minerals by the human body and pathological conditions related to nutrient deficiencies.
	16.07 Identify anatomical structures and physiological functions of the principal systems of the human body, including the skeletal, muscular, integumentary, circulatory, lymphatic, endocrine, digestive, reproductive, respiratory, urinary, and nervous systems.
	16.08 Identify and explain oral pathological conditions affecting the teeth and supporting structures, including general pathology, as many systemic conditions present oral manifestations.
	16.09 Identify teeth and their landmarks, and the morphological characteristics of each individual tooth.
	16.10 Recognize and describe developmental anomalies related to the head and oral structures.
17.0	Identify and explain principles of microbiology, disease transmission, disease prevention, and perform infection control procedures. The student will be able to:
	17.01 Differentiate between pathogenic and non-pathogenic microorganisms.
	17.02 Describe pathogens and modes of disease transmission.
	17.03 Differentiate between aseptic and non-aseptic environments.
	17.04 Perform aseptic handwashing technique.

	17.05	Describe, apply, and differentiate between methods of cleaning, disinfection, and sterilization of the dental environment.
	17.06	Recognize the need for and demonstrate the use of proper precautions for the prevention of disease transmission during all dental-related procedures.
	17.07	Identify the role of prokaryotic cells, eukaryotic cells, viruses, and bacteria in infections and the mechanisms of diseases.
	17.08	Identify the genetics of microbes, including replication of DNA and protein synthesis, mutation, and gene transfer.
18.0	Explain usage, administration, indications, contraindications, adverse reactions, and precautions of pharmaceutical and anesthetic agents used in the treatment of dental disease. The student will be able to:	
	18.01	Identify the agencies responsible for drug regulations.
	18.02	Document in the patient's chart prescribed or over-the-counter medications, along with any supplements or vitamins the patient is taking.
	18.03	Identify medication actions, side effects, indications, and contraindications; verify with Physician's Desk Reference or its equivalent.
	18.04	Describe the process of medication metabolism.
	18.05	Identify pharmaceuticals and medicaments used in dentistry.
	18.06	Recognize specific conditions in the oral cavity that may be caused by pharmaceutical agents.
	18.07	Identify properties of anesthetics.
	18.08	Identify the tissues innervated by each of the nerves associated with dental local and topical anesthesia.
	18.09	Describe the properties and mode of action of an effective local and topical anesthetic.
	18.10	List systemic considerations in choosing a local and topical anesthetic.
	18.11	Describe ASA classifications and their role in dental treatment planning.
	18.12	Describe and demonstrate methods of administering topical and local anesthetics.
	18.13	List potential local and systemic adverse reactions associated with local anesthetic administration.
	18.14	Prepare armamentarium for administering local anesthetics for recognized techniques.
	18.15	Document anesthetics administered and any adverse reactions in a patient's chart.
	18.16	Describe the administration and monitoring process and identify precautions in the use of nitrous oxide-oxygen inhalation analgesia.
19.0	Describe principles and perform techniques of preventive dentistry. The student will be able to:	

	19.01	Identify, communicate, and instruct patients on applicable methods of preventive dentistry that utilize: • Risk assessment • Evidence-based learning • Individualized preventive care plans • Motivational interviewing/counseling • Training regarding health status and rationale for the preventive care plan
	19.02	Identify properties and indications for use of anticarcinogenic treatments utilized in the community, home, and office.
	19.03	Identify and demonstrate proper auxiliary aides based on individual patient needs.
	19.04	Identify and describe deficiencies that manifest symptoms in the oral cavity and communicate applicable therapies.
	19.05	Present dietary recommendations to address specific dental needs during nutritional counseling.
20.0	Perform patient assessment. The student will be able to:	
	20.01	Take, record, and correlate medical/dental history with dental hygiene treatment plan and services to be performed.
	20.02	Understand contraindications to dental hygiene treatment for systemic conditions or diseases.
	20.03	Take, record, and correlate vital sign observations with the dental hygiene treatment plan and services to be performed.
	20.04	Assess vital signs in order to reduce the incidence of patient complications and medical emergencies.
	20.05	Perform, record, and correlate extraoral and intraoral examination findings with the dental hygiene care plan and patient services to be performed.
	20.06	Observe and record existing restorations as well as conditions and suspected pathologies of hard and soft tissues using the appropriate armamentarium.
	20.07	Perform a comprehensive periodontal examination, which includes pocket depth, attachment level, recession, mobility, furcations, radiographic findings, and tissue health.
	20.08	Consult with dentists and physicians to verify dental and medical information to develop and implement a dental hygiene care plan.
	20.09	Interpret and correlate dental radiographs/intraoral images and dental charting with the dental hygiene treatment plan.
	20.10	Perform soft tissue reassessment and evaluate the effects of initial dental hygiene therapy, and make appropriate therapy modifications or referrals.
	20.11	Identify oral manifestations that deviate from normal.
	20.12	Document the diagnosis made by the dentist and dental hygienist.
	20.13	Recognize and respond appropriately to contraindications for dental hygiene treatment found in medical and dental history.

	20.14	Identify and assess dental office emergencies and follow the appropriate protocol for treatment.
21.0	Perform direct patient services and competently provide the dental hygiene process of care for the child, adolescent, adult, and geriatric patient, as well as the special needs patient. The student will be able to:	
	21.01	Demonstrate all delegable dental hygiene clinical services within the scope of practice as permitted by Florida statute/law.
	21.02	Communicate to the patient appropriate post-operative instructions and correctly select all necessary self-care therapies intended to restore and maintain the patient's oral health.
	21.03	Provide and communicate recommendations for patient use of caries prevention agents.
	21.04	Provide a comprehensive collection of patient data to identify the physical and oral health status, as well as risk factors that could affect patient care and healing.
	21.05	Provide analysis of assessment findings and use of critical thinking in order to address the patient's dental hygiene treatment needs.
	21.06	Establish a dental hygiene care plan that reflects the desired outcomes and treatment interventions to facilitate optimal oral health.
	21.07	Present proposed treatment and procedures to the patient and obtain appropriate informed consent signatures prior to rendering patient care services.
	21.08	Provide patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral and systemic health.
	21.09	Measure the extent to which desired outcomes identified in the dental hygiene care plan are achieved.
	21.10	Demonstrate the ability to collaborate effectively with an interprofessional healthcare team, using clear and respectful communication to contribute to comprehensive, patient-centered care.
22.0	Implement and evaluate community health interventions and research activities. The student will be able to:	
	22.01	Demonstrate competence in assessment, planning, implementing, evaluating, and documenting community health interventions.
	22.02	Utilize dental indices to assess, interpret, and evaluate oral health status in individuals and populations, supporting community health initiatives and evidence-based decision making.
	22.03	Formulate and analyze research methodologies for community health interventions.
	22.04	Perform a literature search, critically evaluate scientific research, and identify credible, peer-reviewed sources for evidence-based practice.
	22.05	Apply research findings to dental hygiene care delivery.
	22.06	Apply statistical analysis and evidence-based research to health trends and community interventions.
	22.07	Collaborate and perform a needs assessment with community partners.
	22.08	Differentiate the scientific value of literature found in both electronic and traditional media.

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.

Equipment and supplies should be provided to enhance hands-on experiences for students. In-depth clinical information and requirements can be found in the Commission on Dental Accreditation Dental Hygiene Standards.

Special Notes

General education content must include oral and written communications, Psychology, and Sociology.

Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general pathology, and/or pathophysiology, nutrition, and pharmacology.

Dental sciences content must include tooth morphology, head, neck, and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials.

Graduates must be competent in providing the dental hygiene process of care, which includes: Assessment, Planning, Implementation, and Evaluation.

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.

Outcomes 01-11 are referred to as the Health Careers Core and do not have to be completed if the student has previously completed the Core in another health science program. The Core should be taken first or concurrently with the first course in the program. Following the successful completion of the core, the student is eligible to take the National Health Care Foundation Skill Standards Assessment with instructor approval and the completion of a portfolio.

General Education Course Requirements for AS and AAS Degrees

State Board of Education Rule 6A-14.030(4), F.A.C., identifies 15 credit hours as the minimum amount of general education coursework required in the Associate of Science (AS) degree and the Associate of Applied Science (AAS) degree. In addition, Rule 6A-14.0303, F.A.C., implements s. 1007.25, F.S., and requires students entering a technical education degree program in the 2022-2023 academic year, and thereafter, to complete at least one identified core course in each subject area as part of the general education course requirements (15 credit hours total) before a degree is awarded. The core subject areas include:

- Communication.
- Humanities.
- Mathematics.
- Natural Sciences.
- Social Sciences.

Career and Technical Student Organization (CTSO)

CTSOs are co-curricular career and technical student organizations 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. Other CTSOs not listed in this curriculum framework or recognized by the Florida Department of Education are permissible provided they support student mastery over the standards and benchmarks of this curriculum framework.

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.

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 Hygiene 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 Board Dental Hygiene Examination (NBDHE):

All eligible sophomore dental hygiene students are required to take the NBDHE 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 American Board of Dental Examiners (ADEX) administers the ADEX Dental Hygiene Examination, which includes both computer-based and clinical components. The examination is designed to assess entry-level clinical competency using standardized performance criteria developed by ADEX in collaboration with subject matter experts. The ADEX Dental Hygiene Examination is accepted for licensure by most states, including Florida. However, licensure requirements vary by state, and students are responsible for verifying the specific requirements of the state in which they intend to practice.

The two examinations take 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 Simulated Patient Treatment Clinical Examination (SPTCE) 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 ADEX Status. ADEX Status is recognized by the participating ADEX licensing jurisdictions.

Dental Hygiene Examination Fees (Estimate)

Full ADEX Exam (SPTCE and CSCE OSCE)……	$1,150
NBDHE ……	$600
Florida Rules and Laws Exam ……..	$105

It is the responsibility of each student to request, complete, and submit the application material for this examination by the established deadline.

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 sent 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 than10 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**
Application Fee	**$50.00**
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 WINNRERS

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 Klinic, Special Olympics*)
6. Welcoming/Orientation

MENTORINGPROGRAM: *(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 schedulepermits.

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.