# Dental Programs Manual
## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction/Welcome</td>
<td>1</td>
</tr>
<tr>
<td>Professionalism Values</td>
<td>3</td>
</tr>
<tr>
<td>Attendance/Tardiness Policy</td>
<td>11</td>
</tr>
<tr>
<td>Criminal Background Check</td>
<td>14</td>
</tr>
<tr>
<td>Drug/Alcohol Policy</td>
<td>15</td>
</tr>
<tr>
<td>Reasonable Suspicion/Testing Form</td>
<td>18</td>
</tr>
<tr>
<td>Dental Clinic/Lab/Classroom Policies</td>
<td>20</td>
</tr>
<tr>
<td>Counseling Record Form</td>
<td>28</td>
</tr>
<tr>
<td>Critical Incident Resulting in Program Dismissal</td>
<td>30</td>
</tr>
<tr>
<td>Responsible Use of Social Media</td>
<td>32</td>
</tr>
<tr>
<td>Occupational Safety and Health Briefings</td>
<td>36</td>
</tr>
<tr>
<td>Hazards Communication</td>
<td>36</td>
</tr>
<tr>
<td>Chapter 64E-16, Florida Administrative Code – Biomedical Waste</td>
<td>42</td>
</tr>
<tr>
<td>Emergency Management Plan/Procedures</td>
<td>52</td>
</tr>
<tr>
<td>Emergency Response Guide</td>
<td>56</td>
</tr>
<tr>
<td>Bloodborne Pathogens Exposure Control Plan</td>
<td>58</td>
</tr>
<tr>
<td>Needle Stick/Exposure Protocol</td>
<td>62</td>
</tr>
<tr>
<td>Summary of Coverage (Insurance)</td>
<td>66</td>
</tr>
<tr>
<td>Accident- Incident Report Form</td>
<td>68</td>
</tr>
<tr>
<td>Accident- Incident Report Instructions</td>
<td>70</td>
</tr>
<tr>
<td>Informed Refusal of Post Exposure Medical Evaluation</td>
<td>72</td>
</tr>
<tr>
<td>Shared Responsibility to Reduce COVID-19</td>
<td>73</td>
</tr>
<tr>
<td>Respiratory Protection Plan</td>
<td>75</td>
</tr>
<tr>
<td>OSHA Fact Sheet</td>
<td>97</td>
</tr>
<tr>
<td>Immunization/Training Requirements</td>
<td>99</td>
</tr>
<tr>
<td>Report of Physical Examination Form</td>
<td>101</td>
</tr>
<tr>
<td>Report of Immunizations Form</td>
<td>103</td>
</tr>
<tr>
<td>Annual TB/Mantoux Test Form</td>
<td>105</td>
</tr>
<tr>
<td>Infection Control/Hazard Control Policy</td>
<td>107</td>
</tr>
<tr>
<td>Ionizing Radiation Policy</td>
<td>117</td>
</tr>
<tr>
<td>Guidelines for Prescribing Dental Radiographs – Selection Criteria</td>
<td>121</td>
</tr>
<tr>
<td>Pregnancy Policy</td>
<td>123</td>
</tr>
<tr>
<td>Equipment Maintenance</td>
<td>125</td>
</tr>
<tr>
<td>Commission on Dental Accreditation</td>
<td>132</td>
</tr>
</tbody>
</table>
### Dental Program Forms

<table>
<thead>
<tr>
<th>Form</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Attendance Policy Acknowledgement and Agreement</td>
<td>135</td>
</tr>
<tr>
<td>✓ Drug/Alcohol Policy Statement of Understanding</td>
<td>137</td>
</tr>
<tr>
<td>✓ Hepatitis B Declination Waiver (only if declining HBV vaccine)</td>
<td>139</td>
</tr>
<tr>
<td>✓ Notice of Privacy Practices</td>
<td>141</td>
</tr>
<tr>
<td>✓ Pregnancy Policy</td>
<td>143</td>
</tr>
<tr>
<td>✓ GCSC Model Release</td>
<td>145</td>
</tr>
<tr>
<td>✓ Authorization to Release of Social Security/Number</td>
<td>147</td>
</tr>
<tr>
<td>✓ Authorization to Release of Personal Information</td>
<td>149</td>
</tr>
<tr>
<td>✓ Statement of Receipt and Understanding</td>
<td>151</td>
</tr>
<tr>
<td>✓ Technical Programs Technical Standards</td>
<td>153</td>
</tr>
</tbody>
</table>

### Dental Assisting Chapter

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction/Welcome</td>
<td>159</td>
</tr>
<tr>
<td>Program Philosophy, Mission, and Objectives</td>
<td>161</td>
</tr>
<tr>
<td>Creed for Dental Assistants/Dental Assisting Pledge</td>
<td>162</td>
</tr>
<tr>
<td>Florida Department of Education Curriculum Framework – Dental Assisting</td>
<td>163</td>
</tr>
<tr>
<td>Dental Assisting Program Goals</td>
<td>181</td>
</tr>
<tr>
<td>Dental Assisting Program Competencies</td>
<td>185</td>
</tr>
<tr>
<td>Professional Credentials</td>
<td>187</td>
</tr>
<tr>
<td>Students American Dental Assistants Association (SADAA)</td>
<td>188</td>
</tr>
<tr>
<td>Program Awards/Program Recognition</td>
<td>191</td>
</tr>
<tr>
<td>Student Support</td>
<td>192</td>
</tr>
<tr>
<td>Readmission Guidelines</td>
<td>193</td>
</tr>
</tbody>
</table>

### Dental Hygiene Chapter

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction/Welcome</td>
<td>199</td>
</tr>
<tr>
<td>ADHA Standards for Clinical Dental Hygiene Practice - 2016</td>
<td>201</td>
</tr>
<tr>
<td>Dental Hygiene Oath</td>
<td>221</td>
</tr>
<tr>
<td>Dental Hygiene Program Philosophy, Mission, and Goals</td>
<td>222</td>
</tr>
<tr>
<td>Florida Department of Education Curriculum Framework</td>
<td>223</td>
</tr>
<tr>
<td>Readmission Guidelines</td>
<td>239</td>
</tr>
<tr>
<td>Dental Hygiene Program Competencies</td>
<td>241</td>
</tr>
<tr>
<td>Professional Credentials</td>
<td>247</td>
</tr>
<tr>
<td>Dental Hygiene Program Awards/Recognition</td>
<td>251</td>
</tr>
<tr>
<td>Student American Dental Hygienist Association (SADHA)</td>
<td>252</td>
</tr>
</tbody>
</table>
Division of Health Sciences  
Dental Assisting Program  
Dental Hygiene Program

Congratulations!

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

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

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

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

Sincerely,

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

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

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

VALUES DEFINING PROFESSIONALISM IN DENTAL EDUCATION

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

<table>
<thead>
<tr>
<th>Competence</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairness</td>
<td>Demonstrating consistency and even-handedness in dealings with others.</td>
</tr>
<tr>
<td>Integrity</td>
<td>Being honest and demonstrating congruence between one’s values, words, and actions.</td>
</tr>
<tr>
<td>Responsibility</td>
<td>Being accountable for one’s actions and recognizing and acting upon the special obligations to others that one assumes in joining a profession.</td>
</tr>
<tr>
<td>Respect</td>
<td>Honoring the worth of others.</td>
</tr>
<tr>
<td>Service-mindedness</td>
<td>Acting for the benefit of others, particularly for the good of those the profession serves, and approaching those served with compassion.</td>
</tr>
</tbody>
</table>

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; 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.
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:

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

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

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

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

References:

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 (>10 minutes), 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.”

2019-2020 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:

<table>
<thead>
<tr>
<th>Disease/Problem</th>
<th>Work Restriction</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Restrict from contact with others</td>
<td>14 days from the onset of symptoms with no fever in the last 24 hours &amp; improved symptoms</td>
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<tr>
<td>Conjunctivitis</td>
<td>Restrict from patient contact and contact with patient’s environment.</td>
<td>Until discharge ceases.</td>
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<tr>
<td>Cytomegalovirus infection</td>
<td>No restriction.</td>
<td></td>
</tr>
<tr>
<td>Diarrheal disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute stage (diarrhea with)</td>
<td>Restrict from patient contact, contact with patient’s environment, and food-handling</td>
<td>Until symptoms resolve.</td>
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<tr>
<td>Convalescent stage, <em>Salmonella</em> species</td>
<td>Restrict from care of patients at high risk.</td>
<td>Until symptoms resolve; consult with local and state health authorities regarding need for negative stool cultures.</td>
</tr>
<tr>
<td>Enteroviral infections</td>
<td>Restrict from care of infants, neonates, and immuno compromised patients and their</td>
<td>Until symptoms resolve.</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Restrict from patient contact, contact with patient’s environment, and food-handling</td>
<td>Until 7 days after onset of jaundice.</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel with acute or chronic hepatitis B surface antigenemia who do not perform exposure-prone procedures</td>
<td>No restriction; refer to state regulations. Standard precautions should always be followed.</td>
<td></td>
</tr>
<tr>
<td>Personnel with acute or chronic hepatitis B antigenemia who perform exposure-prone procedures</td>
<td>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.</td>
<td>Until hepatitis B e antigen is negative.</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>No restrictions on professional activity. HCV-positive health-care personnel should follow aseptic technique and standard precautions.</td>
<td></td>
</tr>
<tr>
<td>Herpes simplex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genital</td>
<td>No restriction.</td>
<td></td>
</tr>
<tr>
<td>Hands (herpetic whitlow)</td>
<td>Restrict from patient contact and contact with patient’s environment.</td>
<td>Until lesions heal.</td>
</tr>
<tr>
<td>Orofacial</td>
<td>Evaluate need to restrict from care of patients at high risk.</td>
<td></td>
</tr>
<tr>
<td>Human immunodeficiency virus; personnel who perform exposure-prone procedures</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>Exclude from duty.</td>
<td>Until 7 days after the rash appears.</td>
</tr>
<tr>
<td>Postexposure (susceptible personnel)</td>
<td>Exclude from duty.</td>
<td>From fifth day after first exposure through twenty- first day after last exposure, or 4 days after rash appears.</td>
</tr>
</tbody>
</table>
### Attendance Restrictions Policy (continued)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Restriction Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meningococcal infection</strong></td>
<td>Exclude from duty. Until 24 hours after start of effective therapy.</td>
</tr>
<tr>
<td><strong>Mumps</strong></td>
<td><strong>Active</strong> Exclude from duty. Until 9 days after onset of parotitis.</td>
</tr>
<tr>
<td></td>
<td><strong>Postexposure (susceptible personnel)</strong> Exclude from duty. From twelfth day after first exposure through twenty-sixth day after last exposure, or until 9 days after onset of parotitis.</td>
</tr>
<tr>
<td><strong>Pediculosis</strong></td>
<td>Restrict from patient contact. Until treated and observed to be free of adult and immature lice.</td>
</tr>
<tr>
<td><strong>Pertussis</strong></td>
<td><strong>Active</strong> 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.</td>
</tr>
<tr>
<td></td>
<td><strong>Postexposure (asymptomatic personnel)</strong> No restriction, prophylaxis recommended.</td>
</tr>
<tr>
<td></td>
<td><strong>Postexposure (symptomatic personnel)</strong> Exclude from duty. Until 5 days after start of effective antibiotic therapy.</td>
</tr>
<tr>
<td><strong>Rubella</strong></td>
<td><strong>Active</strong> Exclude from duty. Until 5 days after rash appears.</td>
</tr>
<tr>
<td></td>
<td><strong>Postexposure (susceptible personnel)</strong> Exclude from duty. From seventh day after first exposure through twenty-first day after last exposure.</td>
</tr>
<tr>
<td><strong>Staphylococcus aureus infection</strong></td>
<td><strong>Active, draining skin lesions</strong> Restrict from contact with patients and patient’s environment or food Until lesions have resolved.</td>
</tr>
<tr>
<td></td>
<td><strong>Carrier state</strong> No restriction unless personnel are epidemiologically linked to transmission</td>
</tr>
<tr>
<td></td>
<td><strong>Streptococcal infection, group A</strong> Restrict from patient care, contact with patient’s environment, and Until 24 hours after adequate treatment started.</td>
</tr>
<tr>
<td><strong>Tuberculosis</strong></td>
<td><strong>Active disease</strong> Exclude from duty. Until proved noninfectious.</td>
</tr>
<tr>
<td></td>
<td><strong>PPD converter</strong> No restriction.</td>
</tr>
<tr>
<td><strong>Varicella (chicken pox)</strong></td>
<td><strong>Active</strong> 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.</td>
</tr>
<tr>
<td></td>
<td><strong>Postexposure (susceptible personnel)</strong> Exclude from duty.</td>
</tr>
<tr>
<td><strong>Zoster (shingles)</strong></td>
<td><strong>Localized, in healthy person</strong> Localized, in healthy person Localized, in healthy person</td>
</tr>
<tr>
<td></td>
<td><strong>Generalized or localized in immunosuppressed person</strong> Generalized or localized in immunosuppressed person Generalized or localized in immunosuppressed person</td>
</tr>
<tr>
<td></td>
<td><strong>Postexposure (susceptible personnel)</strong> Postexposure (susceptible personnel) Postexposure (susceptible personnel)</td>
</tr>
</tbody>
</table>

*Centers for Disease Control in Dental Health-Care Settings – 2003. MMWR 2003; 52 (No. RR-17)*

Applicants to the Health Sciences Programs at Gulf Coast State College work very hard to meet the entry requirements for selection. Our programs make every effort to accept as many academically qualified students as possible. In addition to meeting basic entry requirements, however, applicants must also consider how their personal history and background may affect their ability to meet admission and clinical requirements, sit for various state licensure exams, and ultimately gain employment.

Criminal Background Checks

As part of your provisional acceptance into a dental program, an acceptable background check (including Level II fingerprinting) and drug screening must be completed. Gulf Coast State College utilizes CastleBranch Corporation for this service, as well as tracking compliance with immunizations and other program requirements. Criminal background checks performed through other agencies will not be accepted. The student must also be aware that clinical agencies may require an additional background check prior to clinical access.

It is possible to graduate from a program at GCSC but be denied the opportunity for licensure because of an unfavorable background check. 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 (www.doh.state.fl.us/) for more information regarding licensure. We offer this information so that you can make an informed decision regarding your future.

Student applicants DO NOT complete background checks until directed to when provisionally accepted into a dental program. Information and instructions on how to complete the background check will be sent by the program coordinator.

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&URL=0400-0499/0456/Sections/0456.0635.html

456.0635 Health care fraud; disqualification for license, certificate, or registration.
(1) Health care fraud in the practice of a health care profession 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.
DIVISION OF HEALTH SCIENCE DRUG/ALCOHOL POLICY

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

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 in any of the above settings, the student may be required to seek an alternative method of transportation to return home. The college assumes no responsibility for assisting the student in leaving the above sites or returning home. Security will be called if necessary to assist the student with leaving.

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

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

The GCSC Manual of Policy states:

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

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

Prohibited Conduct

The college prohibits the use, possession, sale or offer to sell, distribution, dispensation, purchase, solicitation, manufacture, or use of illegal drugs or legal prescription drugs not prescribed by a licensed physician or practitioner to the individual possessing the drugs while participating in any of the specialized academic programs while on college property, while driving a college vehicle, while riding in a college vehicle, and while conducting college business. Students involved in such activities will be subject to disciplinary action up to and including expulsion. Prescribed medications that may induce an unsafe mental or physical state, impair the students' ability to meet course requirements, perform competently, or demonstrate appropriate conduct will be grounds for denying admission into or dismissing a student from the program.
**Exceptions**
Students will not be considered to have violated this policy under the following conditions:
(1) use or possession of the drug is authorized by and in the manner prescribed by a licensed physician or practitioner through a prescription specifically provided for that particular student, and (2) the student notifies the instructor or Program Coordinator prior to beginning the program or upon starting a newly prescribed medication of any effects that use of the drug may have on academic or physical performance.

**Student Testing**
The college reserves the right to conduct the testing of students under the following circumstances.

1. Random testing of students in certain specialized academic programs when the intrusiveness of the search is minimal, and the testing supports the safety of college students and those in their care, when mandated by the program through program directives.
2. Testing students when there is reasonable suspicion that they are under the influence of drugs or alcohol.
3. Pre-screening of all applicants of certain specialized academic programs when the intrusiveness of the search is minimal, when testing furthers the interest of ensuring the safety of college students and those in their care, and when mandated by the program through program directives.
4. Pre-screening and random testing of student athletes as prescribed in MOP 7.038.

**Reasonable Suspicion**
If a student is suspected of being or is found to be under the influence of alcohol, illegal drugs, or legal prescription drugs not prescribed by a licensed physician or practitioner to the individual possessing the drugs, the student will immediately be dismissed from the class, lab, or clinical assignment by the instructor pending further review. The instructor will contact the program coordinator or the division chair to receive authorization to refer the student for drug screening. The student will be required to report to the college’s designated drug screening provider to undergo a drug screening within two (2) hours of the dismissal. The student must agree to release the results of said screening to the appropriate college personnel (Division Chair or Program Coordinator/Clinical Coordinator). Failure to agree to an immediate drug screening, failure to obtain the test within the two (2) hour timeframe, or refusal to release test results to the proper college personnel will result in a recommendation of immediate dismissal from the academic programs.

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

**Drugs Tested For**
The college will require testing for the following substances:

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

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

**Notification**
A copy of this policy will be made available to all students.
Drugs That May Alter or Affect a Drug Test
A list of legal and illegal drugs, developed by the Agency for Health Care Administration that may alter or affect a drug test may be found in Chapter 112.0455(13) F.S. or at: http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0100-0199/0112/Sections/0112.0455.html

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

Refusal to Submit to Drug Test
Refusal to submit to a drug or alcohol test under the circumstances set forth in this policy will result in denial of entry to or a recommendation of removal from the specialized academic program.

Positive Test Results
A student who receives positive confirmed drug test results may contest or explain the results by contacting the coordinator of the specialized academic program within five (5) working days after written notification of the positive test result. If the student’s explanation or challenge is deemed unsatisfactory by the college, the student will be denied entry into or recommended to be removed from the program. Applicants who fail to successfully complete the required drug screening are eligible to reapply on the next admission date. The application will be processed without prejudice.

Policy 7.130
Date Adopted/Amended: 2-09-06
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.

________________________________________ Date: ___________ Time: ___________ Phone #: ___________

________________________________________ Date: ___________ Time: ___________ Phone #: ___________
**DENTAL CLINIC/LAB/CLASSROOM POLICIES**

1. **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, Amanda Walker (850) 873.3542 may be contacted 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.

2. **Print Management System – Pay 4 Print (P4P)**

A Pay4Print system is installed in all computer labs and in the library. Your username is the first part of your GCSC e-mail address and can be found by accessing Lighthouse. Your initial password is your birthday (YYYYMMDD). You will be required to change your password after your initial log on. Adding funds may be done online using PayPal or through one of the Pay4Print kiosks located in the library, outside the bookstore, or at each of the remote campuses. Money added by students shows as real balance on the student account. Some courses have a lab fee that may load credit to your account and show up as a free balance; any unused amount in the free balance is removed at the end of the course. Funds can be added to student print accounts by credit or debit card with a minimum of $5 or at patron kiosks or bill acceptors on the Panama City campus at the Library, and the lobby of the Student Union West Building outside the Bookstore. Bill acceptors are also located at the Gulf Franklin Center in room B108, at the Tyndall AFB Center in room 34, and at the North Bay Center in the EOC student break room. Black & white copies are 5 cents and color copies are 20 cents. There is no refund on any portion of unused prints.

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 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.
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. 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(s).

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 K LW 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* brand **Solid** Black color scrub pants and *Cherokee* brand Lavender top – with black clinic shoes (solid black leather or leather-like without laces), and black crew socks.
- **Men** – *Cherokee* brand **Solid** Black color scrub pants and *Cherokee* brand Black or Gray 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 - #2624A) and *Cherokee Infinity* scrub pants (black- #1123A), with black clinic shoes (solid black leather or leather-like without laces), and black crew socks.
- **Males:** *Landau* scrub top (black- #7502) and *Landau* scrub pants (black- #7602) with black clinic shoes (solid black leather or leather-like with no 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. 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.

Make-up
Make-up must be conservative and used in moderation.

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. Allowable colors include tortoise shell, black, or brown without decoration (i.e. ribbons, bows, beads, feathers). Facial hair should be neat and trimmed to allow for proper mask fit.

Jewelry
It is not permitted to wear hair adornments, head and neck, hand, wrist or ankle jewelry/adornments of any kind in the clinical or laboratory course settings. A snugly fitted wrist watch (with second hand) will be permitted provided it remains covered by the clinic gown sleeve. It is advised not to bring jewelry to campus. GCSC is not responsible for any lost items. While 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. Please consult with the Program Coordinator(s) if you feel you have reason to maintain a jewelry item while in clinic or laboratory.

PPE (Personal Protection Equipment)
Treatment gown, gloves, and mask as well as safety glasses with full side shields or face shields must be worn when assigned to 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. Cuspit 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:**

---

**Signatures of Those Present:**

Student ____________________________ Course Faculty ____________________________

Program Coord. ____________________________ Other Witness ____________________________

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**VERIFICATION OUTCOME/GOALS MET:** Date of Conference: ____________

- [ ] Student corrected deficiencies and now meets program/course objectives
- [ ] Student did not correct deficiencies and does not meet program/course objectives

   Student will/has withdrawn from program– Date: ____________

**Student Signature** ____________________________ Date ____________

**Course Faculty Signature** ____________________________ Date ____________

**Programs Coord.** ____________________________ Date ____________

**Comments:**
CRITICAL INCIDENTS RESULTING IN PROGRAM DISMISSAL

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


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-eighth (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.


11. Breach of aseptic technique/infection control standards compromising the health of a dental clinic patient or other dental personnel/student.

12. Failure to abide by policies as published in the Dental Programs Manual and the Dental Assisting and/or Dental Hygiene Chapters (respectively).

13. Any incident which endangers the health and/or safety of a student, patient, staff or faculty member will be considered a critical incident.

14. Failure to continuously meet and/or notify the Course Coordinator and/or Program Faculty of inability to comply with the expectations outlined in the Dental Programs Technical Standards.

15. Unauthorized taking (theft) of dental equipment, supplies, and/or materials from the GCSC Dental Clinic, Laboratory, and/or Classrooms.
GULF COAST STATE COLLEGE
DENTAL PROGRAMS

Responsible Use of Social Media

Introduction

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

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

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

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

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

INSTRUCTIONAL USE OF SOCIAL MEDIA

A social media site can be used for instructional purposes that foster a sense of community and motivation for students. Instruction, however, should be relegated to the college supported course management system (CANVAS). Private instructional pages that are utilized by invitation only are preferred in order to provide a greater measure of protection for the student. Faculty should not use their own personal social networking pages for instructional use, nor shall faculty link to their personal social networking pages from their private instructional pages.
Student content created and/or posted to fulfill course assignment using social media does not violate students’ privacy rights. Posting materials submitted directly to the faculty member may be a violation of FERPA policy. It is important to exercise extreme attention to student information and err on the side of caution in these situations.

**Intellectual Property**

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

**FERPA/HIPAA**

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

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

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

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

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.
## Responsible Use of Social Media - Guidelines

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

<table>
<thead>
<tr>
<th>Be aware of liability</th>
<th>Appropriate use of College logos and branding</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>College logos and branding should only be used on pages maintained by GCSC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respect copyright</th>
<th>Be respectful of others</th>
</tr>
</thead>
<tbody>
<tr>
<td>The GCSC Dental Programs supports and respects the intellectual property rights of copyright holders. Content posted on the internet must conform to copyright law. Contact the GCSC Library for help posting copyright-compliant content.</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respect confidentiality</th>
<th>No stalking, flaming, or bullying</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respect privacy</th>
<th>Think before posting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not discuss situations involving named or identifiable individuals without their consent. Do not post images, audio, or video of individuals without their consent.</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do no harm</th>
<th>Identify Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Be transparent</th>
<th>Be a valued member of the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>GCSC Dental Programs students and employees should feel free to identify themselves as such when posting to social media sites. The association of a college email address with a social media account does not imply College endorsement of content. An individual must make it clear when they are expressing the opinions of the institution. Add a disclaimer if comments may appear to be coming from the College. Employees should be in coordination with their supervisor prior to initiating a social media account on behalf of their origination(department/college).</td>
<td>When participating in an online community, content of postings should benefit the community as a whole. Consider the nature of the community and the expectations of its members when contributing. Do not use membership purely as a means of promoting yourself or your organization. Do not use the name of the GCSC Dental Programs to endorse products, causes, political parties, or candidates.</td>
</tr>
</tbody>
</table>
Representing the GSCS Dental Programs

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

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

Violations, Concerns, and Dispute Resolution

Student, staff, or faculty actions which violate responsible use of social media as outlined by the GCSC Dental Programs are subject to complaints, program counseling, and/or grievance processes. Failure to follow Dental Programs policies and the terms of service of social media platforms could expose you to personal legal liability and/or legal action from third parties.

References

University of Detroit Mercy. (2012). University of Detroit Mercy Social Media Policy. Used with permission obtained from Pam Zarkwoski, JD, MPH - ADEA Director’s Conference June 2012.


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

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

**II. EMERGENCY MANAGEMENT PLAN/PROCEDURES**

**III. BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

**IV. INFECTION CONTROL/HAZARD CONTROL POLICY**

**V. IONIZING RADIATION POLICY**

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**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/en/member-center/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**

<table>
<thead>
<tr>
<th><strong>DO</strong></th>
<th><strong>DON’T</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do</strong> use precapsulated alloys and stock a variety of capsule sizes</td>
<td><strong>Don’t</strong> use bulk mercury and bulk alloy</td>
</tr>
<tr>
<td><strong>Do</strong> recap single-use capsules from precapsulated alloys after use &amp; dispose of properly</td>
<td><strong>Don’t</strong> allow uncapped single-use capsules to remain open during patient treatment or during disposal</td>
</tr>
<tr>
<td><strong>Do</strong> recycle used disposable amalgam capsules in designated marked container(s)</td>
<td><strong>Don’t</strong> put used disposable amalgam capsules in biohazard containers, infectious waste containers (red bags) or regular garbage</td>
</tr>
<tr>
<td><strong>Do</strong> salvage, store and recycle non-contact amalgam (scrap amalgam)</td>
<td><strong>Don’t</strong> put non-contact amalgam waste in biohazard containers, infectious waste containers (red bags) or regular garbage</td>
</tr>
<tr>
<td><strong>Do</strong> salvage (contact) amalgam pieces from restorations after removal and recycle the amalgam waste</td>
<td><strong>Don’t</strong> put contact amalgam waste in biohazard containers, infectious waste containers (red bags) or regular garbage</td>
</tr>
<tr>
<td><strong>Do</strong> use chair-side traps, vacuum pump filters and amalgam separators to retain amalgam and recycle their contents.</td>
<td><strong>Don’t</strong> rinse devices containing amalgam over drains or sinks</td>
</tr>
<tr>
<td><strong>Do</strong> recycle teeth that contain amalgam restorations. <em>(Note: Ask your recycler whether or not extracted teeth with amalgam restorations require disinfection)</em></td>
<td><strong>Don’t</strong> dispose of extracted teeth that contain amalgam restorations in biohazard containers, infectious waste containers (red bags), sharps containers or regular garbage</td>
</tr>
<tr>
<td><strong>Do</strong> manage amalgam waste through recycling as much as possible</td>
<td><strong>Don’t</strong> flush amalgam waste down the drain or toilet</td>
</tr>
<tr>
<td><strong>Do</strong> use high-volume evacuation with traps and/or filters when finishing or removing amalgam</td>
<td><strong>Don’t</strong> allow waste amalgam to enter the public sewer system</td>
</tr>
<tr>
<td><strong>Do</strong> use line cleaners that minimize dissolution of amalgam</td>
<td><strong>Don’t</strong> use bleach or chlorine-containing cleaners to flush wastewater lines</td>
</tr>
<tr>
<td><strong>Do</strong> use care when handling amalgam (including unopened capsules) using appropriate personal protective equipment (PPE)</td>
<td><strong>Don’t</strong> handle mercury or freshly mixed amalgam; avoid skin contact</td>
</tr>
<tr>
<td><strong>Do</strong> ensure adequate ventilation (air exchange) when handling amalgam</td>
<td><strong>Don’t</strong> work in poorly ventilated spaces when handling amalgam</td>
</tr>
</tbody>
</table>

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

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

**Disposable chair-side traps**
- Open the chair-side unit to expose the trap.
- Remove the trap and place it directly into a wide-mouthed, airtight container that is marked “Contact Amalgam Waste for Recycling.”
- Make sure the container lid is well sealed. When the container is full, send it to a recycler.
- Traps from dental units dedicated strictly to hygiene may be placed in with the regular garbage.
Reusable chair-side traps
- Open the chair-side unit to expose the trap.
- Remove the trap and empty the contents into a wide-mouthed, airtight container that is marked “Contact Amalgam Waste for Recycling.”
- Make sure the container lid is well sealed. When the container is full, send it to a recycler.
- Replace the trap into the chair-side unit (Do not rinse the trap under running water as this could introduce dental amalgam into the waste stream.

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

Amalgam separators
- GCSC utilizes the BU10-30 ISO 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 Hygiene/Assisting Coordinator.
B. NITROUS OXIDE/OXYGEN SEDATION

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

C. DENTAL MATERIALS AND CHEMICALS

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

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

D. FIRE PROTECTION

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

E. BIOMEDICAL MATERIALS

Infectious waste is waste that has the potential to transmit diseases. Infectious waste includes animal carcasses and waste, blood, bloodborne pathogens, blood products, microbiological waste (i.e. cultures and vaccines), pathological waste (i.e. bodily organs, tissues and fluids removed in the course of surgery, biopsy or autopsy), sharps (i.e. needles and scalpels) and an assortment of other soiled medical paraphernalia (i.e. gowns, gloves, sheets, masks, gauze, bandages, tubes, etc.) that are either reused or disposable. Once the disposable infectious waste has been identified, it should be separated and safely placed in the proper container, such as:
1. Needles and Sharps — Do not recap used needles/cannulas or remove used needles/cannulas from syringes by hand. GCSC requires students and faculty to utilize recapping devices for the purpose of recapping needles/cannulas and should be part of the armamentarium for all procedures. Do not bend, break or otherwise manipulate used needles/cannulas or sharps by hand.

2. Place used needles, cannulas, scalpel blades and other sharp items in a puncture-resistant container (sharps container) and as close to the point of origin (treatment area) as practical. Sharps containers are located in each dental operatory; therefore, sharps should never be transferred out of the operatory for any reason. All sharp containers should have properly labeled warnings. Sharp containers that become full should be closed/sealed prior to leaving the operatory. Once secured, they are to be stored on the designated counter in the Sterilization Galley for collection.

3. Any other infectious wastes should be placed in a designated biohazard waste receptacle located chairside or in the sterilization galley. When the biohazard waste receptacle is full, it should be handled with all PPE and deposited in the large biohazard container located in the sterilization galley.

4. Biomedical waste (including sharps containers) generated in the Dental Clinic/Laboratory is collected by Brooks Environmental on a predetermined schedule.
STATE OF FLORIDA
DEPARTMENT OF HEALTH
Bureau of Community Environmental Health
Chapter 64E-16, Florida Administrative Code
Biomedical Waste

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

64E-16.001 General.
(1) This rule prescribes minimum sanitary practices relating to the management of biomedical waste, including segregation, handling, labeling, storage, transport, and treatment. This rule applies to all facilities that generate, transport, store, or treat biomedical waste to ensure that the waste is properly handled to protect public health. Further, this rule prescribes minimum standards for permitting biomedical waste generators, storage facilities and treatment facilities, and for registering biomedical waste transporters.
(2) This chapter does not apply to biomedical waste incinerators. This chapter does not apply to linen that is to be laundered and re-used. Further, this chapter does not apply to dead bodies that are disposed of by a person licensed under the provisions of Chapter 470, F.S., or to the transport of bodies, parts of bodies, or tissue specimens in furtherance of lawful examination, investigation, or autopsy conducted pursuant to Section 406.11, F.S. Specimens or samples collected for laboratory testing or use in medical research or teaching are not considered biomedical waste until such time as the material is discarded.
(3) The Department of Health shall regulate the packaging, transport, storage, and treatment of biomedical waste. The Department of Environmental Protection shall regulate biomedical waste incineration and biomedical waste disposal.
(4) Health care providers shall inform their home user clients verbally and in writing of the recommended method for handling biomedical waste generated in the home setting. Health care providers who deliver in-home medical services shall remove or have removed by a registered biomedical waste transporter all biomedical waste generated during the performance of these services.
(5) Home users should segregate and package their biomedical waste in a manner that reduces the chance of exposure to the public.
(6) Inspections, permitting and enforcement of emergency medical services that generate biomedical waste shall be performed by the Bureau of Emergency Medical Services. Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89, Amended 12-14-92, 1-23-94, 6-3-97, Formerly 10D-104.001.

64E-16.002 Definitions.
For the purpose of this chapter, the following words and phrases shall have the meanings indicated:
(1) American Society for Testing Materials, also referred to as ASTM - A technical society with headquarters located at 100 Barr Harbor Drive, West Conshohocken, Pennsylvania, 19428-2959, which publishes national standards for the testing and quality assurance of materials.
(2) Biomedical waste - Any solid or liquid waste which may present a threat of infection to humans, including nonliquid tissue, body parts, blood, blood products, and body fluids from humans and other primates; laboratory and veterinary wastes which contain human disease-causing agents; and discarded sharps. The following are also included:
(a) Used, absorbent materials saturated with blood, blood products, body fluids, 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.

Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89, Amended 4-2-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.002.

64E-16.003 Facility Policies and Procedures.

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

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

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

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

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

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

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

(b) All biomedical waste management records shall be maintained for 3 years and shall be available for review by the department.

Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89 Amended 4-2-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.003.

64E-16.004 Storage and Containment.

(1) Storage.

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

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

(c) Indoor storage areas shall have restricted access and be designated in the written operating plan. They shall be located away from pedestrian traffic, be vermin and insect free, and shall be maintained in a sanitary condition. They shall be constructed of smooth, easily cleanable materials that are impervious to liquids.

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

(2) Containment.

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

(b) All packages containing biomedical waste shall be visibly identifiable with the international biological hazard symbol and one of the following phrases: "BIOMEDICAL WASTE", "BIOHAZARDOUS WASTE", "BIOHAZARD", "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 CFR subparagraph 1910.1030(g)(1)(C), Occupational Exposure to Bloodborne Pathogen Standard.

(c) Bags.

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

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

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

(d) **Sharps containers.**

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

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

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

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

(e) **Outer containers.**

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

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

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

64E-16.006 **Generator Requirements**

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

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

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

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

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

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

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

Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89, Amended 4-2-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.006.
64E-16.007 Treatment.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. For disinfection, a minimum Log 6 kill
for the vegetative organisms listed in Table 1 and a minimum Log 4 kill against Bacillus Stearothermophilus spores utilizing steam or a minimum Log 4 kill against Bacillus Subtilis spores utilizing dry heat, chemicals, or microwave shredding, or

2. For sterilization, a minimum Log 6 kill against Bacillus Stearothermophilus spores utilizing steam or a minimum Log 6 kill against Bacillus Subtilis spores utilizing dry heat, chemicals, or 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 tap water. After the test load has completed one cycle in the treatment device, a minimum of three grab samples must be taken from the test load and the number of test organisms present determined. If the number of organisms recovered after the test run is less than Log 6, the number of organisms originally introduced into the device must be increased, and the run must be performed again, until at least Log 6 organisms are recovered. If the number of organisms recovered from the test run is Log 6 or greater, there is an adequate number of organisms being introduced into the device, and the inoculum size should be equal to this number.

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

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

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

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

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

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

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

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

(c) If grinding takes place prior to
treatment, procedures that minimize the chance of exposure to waste handlers must be developed and implemented should the grinder fail or become jammed.

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

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

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

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

64E-16.008 Biomedical Waste Transport

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

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

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

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

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

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

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

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

(9) Registered transporters shall notify the department within one working day by telephone and shall submit a follow-up report to the department within 10 days, in writing, if there is an accident that results in a spill of biomedical waste.

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

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

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

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

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

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

64E-16.009 Registration of Biomedical Waste Transporters.

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

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

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

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

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

(a) Has submitted false or inaccurate
information in the application or annual report;
(b) Has violated the provisions of any statute or rule which the department is authorized to enforce;
(c) Has refused to allow inspection of records or equipment by department personnel.

Specific Authority 381.0098 FS. Law Implemented 381.0098 FS. History-New, 6-3-97, Formerly 10D-104.013.

64E-16.010 Inspections.
(1) Department personnel shall inspect registered transport vehicles, permitted generators, storage, and treatment facilities at least once a year. Those facilities exempted from the registration and fee requirements under subsection 381.0098(4), shall be inspected at least once every three years. Reinspections may be conducted when a facility is found to be in non-compliance with this chapter. Results of each inspection shall be recorded on a form provided by the department.
(2) To provide consistency of inspections throughout the state, all department personnel who inspect biomedical waste facilities shall attend training annually, which shall be approved by the Bureau of Environmental Health Programs.

Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098 FS. History-New 12-14-92, Amended 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.0075.

64E-16.011 Permits
(1) All biomedical waste facilities, except those facilities operating under a Department of Environmental Protection permit, shall obtain a permit from the department annually. Application forms and annual report forms used by the public may be obtained from the environmental health section of the county health department in the county of their location or from the Department of Health, Bureau of Facility Programs, 4052 Bald Cypress Way, Bin A08, Tallahassee, Florida 32399-1710. All forms listed in this section are incorporated by reference.
(a) A biomedical waste generator, who produces or treats less than 25 pounds of biomedical waste in each 30 day period, shall be exempt from all permit and fee requirements of this chapter.
(b) Application for an initial biomedical waste generator permit or exemption from permitting shall be submitted to the department on form DH 4089, Application for Biomedical Waste Generator Permit/Exemption, 8/98. Biomedical waste treatment facilities which were constructed prior to December 31, 1995, or for which an operation permit was submitted to the Department of Environmental Protection prior to December 31, 1995, shall meet the requirements of this chapter at the time of renewal of their existing permit.
(c) Application for an initial biomedical waste storage facility permit shall be submitted to the department on form DH 4107, Application for Biomedical Waste Storage Permit, 8/98.
(d) Application for an initial biomedical waste treatment facility permit shall be submitted to the department on form DH 4111, Application for a Biomedical Waste Treatment Permit, 8/01. Renewals will not be considered complete without the submission of an annual report submitted on form DH 4110, Biomedical Waste Treatment Facility Annual Report, 8/01.
(e) Application for an initial biomedical waste sharps collection program permit shall be submitted to the department on form DH 4108, Application for Biomedical Waste Sharps Collection Program Permit, 8/98.
(f) Permits shall not be transferable from one person to another. In the event of an address or name change, an amended application for permit shall be submitted to the department. A permitted generator may work at a branch office for no more than six hours in any seven day period without applying for an additional permit. These generators must notify the local county health department biomedical waste coordinator of the existence and operating hours of the branch office.
1. In the event of a change of ownership of the facility or a newly constructed facility, an application for an initial permit shall be submitted to the department within 30 days of the commencement of business.
2. When a facility is leased by the owner to a second party for operation, the second party shall apply to the department for an initial permit within 30 days of the commencement of business. The second party shall be held responsible for the operation and maintenance of the facility.
(g) Permits shall expire on September 30 each year. The permit, or a copy thereof, shall be maintained within the facility and shall be made available for review by department personnel.
(2) Persons engaged in a sharps collection program with single or multiple facility locations may operate under a single permit provided:
(a) The sharps collection program is open to the general public;
(b) A list identifying the location of each facility is attached to the application; and
(c) Each facility meets the applicable permit requirements.

Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098 FS. History-New 12-14-92, Amended 1-23-94, 6-3-97, Formerly 10D-104.0076, Amended 11-5-02.
64E-16.012 Fees

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

(2) Fee schedule:

Generator Permit:
(application received by October 1) $85.00
(application received after October 1) $105.00

Treatment Permit:
(application received by October 1) $85.00
(application received after October 1) $105.00

Storage Permit:
(application received by October 1) $85.00
(application received after October 1) $105.00

Transporter Registration (one vehicle):
(application received by October 1) $85.00
(application received after October 1) $105.00

Additional Vehicle $10.00

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

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


64E-16.013 Enforcement and Penalties.

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

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

(a) The gravity of the violation, including the probability that death or serious physical harm to any person may result or has resulted, the severity of the actual or potential harm, and the extent to which the provisions of the applicable statutes or rules were violated.
(b) Actions taken by the owner or operator to correct violations.
(c) Any previous violations.

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

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

DENTAL CLINIC (Patient Emergency)

1. **DO NOT leave the patient to get help.**
2. Verbally alert the nearest faculty or student, "**Code Blue, Chair #**"
   - If the individual stops breathing and requires resuscitation: *Follow cardiopulmonary resuscitation (CPR) guidelines for the Health Care Provider as developed by the American Heart Association or Red Cross.*
3. The attending faculty (Dentist, CDA, and/or RDH) will proceed directly to the dental chair where the emergency is occurring and assist accordingly.
   - The attending faculty will direct another student to:
     - Bring the emergency cart and oxygen tank to the appropriate dental chair.
     - Observe, record, and complete information sheet on attached clipboard to be secured in the patient/student chart following the emergency.
   - The receptionist/administrative assistant will attend the phone and if the attending faculty determines that an ambulance is necessary, the receptionist/administrative assistant will be directed to dial 9-911 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 PCcampus)
       "Someone will meet you at the front door to 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 receptionist/administrative assistant will attend the phone and if the attending faculty determines that an ambulance is necessary, the receptionist/administrative assistant will be directed to dial 9-911 and ask for immediate ambulance service. When notifying the ambulance service, be specific:
     "Gulf Coast State College
     Health Sciences Building Dental Clinic - HS 109
     (located across the street from the FSU PC campus)
     "Someone will meet you at the front door to direct you to the Dental Laboratory."
   - 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-Event 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). A mercury spill kit is located in the cabinet above the eyewash station in the Sterilization Galley. Three Fire Extinguishers are located in the Dental Clinic: 1.) reception area next to the curved metal fire door, 2.) on the wall across from the dental hygiene faculty stations, and 3.) on the hallway wall outside HS 143. 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 Tank 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 of the reception's office 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 raised, the side button should be depressed to unlock the individual drawers. When the clinic session concludes, the key should be placed back in the lock box behind the wooden door in the receptionist’s office after the Emergency Cart is re-locked. The Emergency Cart and the Oxygen Tank should be returned to the dispensary room.

There is a second AED located on the first floor of the Health Sciences Building on the wall in the main (North side) entrance.

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. David Thomasee (Ext. 3582) is responsible for monitoring and replacing the batteries in the AED units. GCSC Facilities and Maintenance is responsible for ensuring the fire extinguishers are inspected and maintained regularly. The Clinic Dentist is responsible for the maintenance and expiration control of all items in the Emergency Cart.
EVACUATION LOCATIONS

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

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

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

**EMERGENCY PHONE NUMBER**

FSUPolice (850) 774-2705 -or- 911

(Warning: After hours 11pm-7am call PCPD 872-3112)

**GENERAL PRINCIPLES**

**PROTECT YOURSELF**

**WHEN CALLING:**

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

**CRIMINAL ACTS**

Acts IN PROGRESS/Suspicious Activity

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

(Warning: After hours 11pm-7am call PCPD 872-3112)

**MEDICAL EMERGENCY**

CALL 911

If trained, begin First Aid

Call FSU Police (850) 774-2705

**FIRE ALARM OR ACTUAL FIRE**

Fire in building

Evacuate area & pull Fire Alarm

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.
III. BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

This section is designed to meet the OSHA BLOODBORNE PATHOGEN STANDARD -

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, TB Mask Fit and HIV/AIDS** training will be provided during the
      GCSC Health Sciences Orientation 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 maintain training in *Infection Control* and *HIV/AIDS* every two
      years as provided by GCSC Health Sciences Orientation training. TB Mask fit training will
      be completed before wearing an N95 mask.

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 (ie. 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 active tuberculosis infection. Those individuals will not be treated in the dental clinic or assigned to the clinical procedures until treatment is completed and a clearance is given by the medical doctor responsible for the TB management.

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 is in compliance with 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 as well as other infectious diseases such as measles, mumps, and rubella and to maintain those immunizations as current based upon medical recommendations. Additionally, all dental personnel are expected to have annual tuberculosis testing.

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 Programs 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.
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
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 Assistant 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 Programs Coordinator's office.

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 Bay Medical Center/Sacred Heart Medical System, as they have proven to be extremely helpful in regard to protocol for such occurrences.

3. The facility director in charge at the facility where the needle stick occurred will obtain permission from source patient's permission for blood testing by contacting the attending physician of the source patient.

4. The student will **NOT** ask the source patient for permission to provide blood for testing. It is against Federal and State laws for the student to request permission of the source patient.
5. The student will be counseled and advised regarding post-exposure prophylaxis, if necessary

6. If indicated, the student will be given a starter pack of prophylactic drugs which are recommended in accordance with the current guidelines of the Center for Disease Control. The insurance provided by the college covers the cost for these drugs.

7. Baseline blood tests will be done on the student in accordance with the facilities policies and the CDC.

8. Re-testing occurs at three intervals
   a. 6 weeks
   b. 12 weeks
   c. 6 months

9. See information provided in OSHA Fact Sheet: Bloodborne Pathogen Exposure Incidents

10. All procedures, testing and results WILL REMAIN CONFIDENTIAL.

11. Facility and personnel involved will evaluate root cause of incident to discover policy changes that may help to prevent further occurrences.
EMERGENCY/ACCIDENT/INCIDENT REPORTING PROCEDURES

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

**Accident or Injury Involving College Personnel:**

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

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

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

**Accidents or Injury Involving Students:**

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

In cases of emergency, the guidelines for handling an emergency shall be followed at once. If, in the opinion of a college official, a student or employee at the college needs medical attention, an ambulance will be called. The college assumes no liability for medical or ambulance expenses. The Vice President of Academic Affairs & Learning Support will notify the parents or next of kin of the nature and extent of the injuries.
Summary of Coverage
Underwritten by QBE Insurance Corporation (QBEIC)

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

Policy No: IHH000461  Policy Term: August 26, 2017 to August 26, 2018
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.

<table>
<thead>
<tr>
<th>Loss Description</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of Life</td>
<td>$25,000</td>
</tr>
<tr>
<td>Loss of Two or More Hands or Feet, or Sight of Both Eyes</td>
<td>$25,000</td>
</tr>
<tr>
<td>Loss of One Hand or Foot and Sight in One Eye</td>
<td>$25,000</td>
</tr>
<tr>
<td>Loss of One Hand or Foot or Sight in One Eye</td>
<td>$12,500</td>
</tr>
<tr>
<td>Loss of Thumb and Index Finger of the Same Hand or Four Fingers of the Same Hand</td>
<td>$6,250</td>
</tr>
</tbody>
</table>

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

1. LOCATION AND DATE OF INCIDENT/OCCURRENCE

<table>
<thead>
<tr>
<th>COLLEGE: (Check One)</th>
<th>BC</th>
<th>FGC</th>
<th>IRSC</th>
<th>PBSC</th>
<th>SJRSC</th>
<th>TC</th>
<th>CAMPUS/LOCATION CODE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CC</td>
<td>FKC</td>
<td>LSSC</td>
<td>PHSC</td>
<td>SPC</td>
<td>VC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CCF</td>
<td>FSWSC</td>
<td>MDC</td>
<td>PeSC</td>
<td>SSC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DSC</td>
<td>GESC</td>
<td>NFCC</td>
<td>PoSC</td>
<td>SFSC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EFSC</td>
<td>HCC</td>
<td>NWFSC</td>
<td>SF</td>
<td>SCFMS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>NAME OF EMPLOYEE:</th>
<th>AGE:</th>
<th>OCCUPATION &amp; DEPARTMENT:</th>
<th>EMPLOYEE #:</th>
</tr>
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<tbody>
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</table>

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)

<table>
<thead>
<tr>
<th>IDENTIFY THE DAMAGED/LOST PROPERTY:</th>
<th>ESTIMATED COST OF DAMAGED/LOST PROPERTY:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>$</td>
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</table>

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

<table>
<thead>
<tr>
<th>NAME:</th>
<th>AGE:</th>
<th>PHONE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>( )</td>
</tr>
</tbody>
</table>

ADDRESS: CITY: ST: ZIP:

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

5. WITNESS(ES)

<table>
<thead>
<tr>
<th>NAME:</th>
<th>PHONE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( )</td>
</tr>
</tbody>
</table>

ADDRESS: CITY: ST: ZIP:

NAME: PHONE: ( )

ADDRESS: CITY: ST: ZIP:

NAME: PHONE: ( )

ADDRESS: CITY: ST: ZIP:
6. DESCRIBE THE LOSS/OCURRENCE/INJURY (To be completed by Injured Employee/Party, if at all possible):

<p>| | | |</p>
<table>
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</table>

7. SIGNATURES

<table>
<thead>
<tr>
<th>INJURED EMPLOYEE/PARTY’S SIGNATURE: DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPARTMENT CONTACT’S SIGNATURE: DATE:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>TYPE OF CLAIM (Please Check One):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Δ GENERAL LIABILITY</td>
</tr>
<tr>
<td>Δ COLLEGE PROPERTY DAMAGE/THEFT</td>
</tr>
<tr>
<td>Δ EQUIPMENT BREAKDOWN</td>
</tr>
<tr>
<td>Δ WORKER’S COMPENSATION**</td>
</tr>
<tr>
<td>Δ STUDENT ACCIDENT</td>
</tr>
<tr>
<td>Δ ATHLETIC</td>
</tr>
<tr>
<td>Δ FACILITIES USE</td>
</tr>
<tr>
<td>[ ALLIED HEALTH (Please Attach Allied Health Incident Form) ]</td>
</tr>
</tbody>
</table>

** 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).

<table>
<thead>
<tr>
<th>RISK MANAGEMENT COORDINATOR’S SIGNATURE: DATE:</th>
</tr>
</thead>
</table>

2 of 2
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/OCURRENCE

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/OCURRENCE/INJURY (To be completed by the injured person, if at all possible):

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

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

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

7. SIGNATURES

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

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

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

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

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

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

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

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

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

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

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

Informed refusal by employee/student post exposure medical evaluation

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

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

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

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

_________________________________________  ____________________________
Witness  Signature

_________________________________________
Name

_________________________________________
Address

_________________________________________
City, State, Zip Code

_________________________________________
Date

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

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

1. Take and record temperature twice a day X 14 days prior to beginning the new semester; then maintain a daily log. Maintain log as directed via CastleBranch account.

2. Self-monitor for symptoms of illness: temperature $>$100.4°F and/or chills, shortness of breath or difficulty breathing, headache, diarrhea, nausea/vomiting, body aches (myalgia), new loss of taste or smell, congestion or runny nose, cough, and fatigue. **If you have any trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, bluish lips or face, call 911 or call ahead to your local emergency room.**

3. If you are feeling ill – stay at home.

4. Social Distancing – Maintain at least 6 feet (2 meters) away from others as much as possible. You have chosen to enter a health care field and could be viewed already as a health care provider. Maintain the recommended distancing, even in social situations, so your continuation in school is not jeopardized.

5. Consider who is in your social pod (family, close friends, grouped classmates, etc). Limit contact with anyone not usually found in your social pod and refrain from physical contact, maintain recommended distance, and wear a mask. Should someone in your household become infected, continue these measures and consider self-isolating within your home.

6. Avoid going “out to eat” socially unless you can sit 6 feet (2 meters) or more apart; eating outside is preferable. Talking and eating can increase risk of exposure so it is not a good idea to gather together while eating.

7. Limit travel on public transportation if possible.

8. Wash hands often and thoroughly as taught in class.

9. Clean workspace and disinfect surfaces /equipment frequently (including before and after use).

ENTERING HEALTH SCIENCE BUILDING:

1. All staff, faculty and students will wear a mask at all times when in the building. Properly affix mask on face before entering the building; the mask should fully cover nose and mouth appropriately. DO NOT lower mask to chin, even while speaking. If mask becomes soiled, or moist it should be changed immediately. *Faculty/staff while alone in their offices are permitted to remove their mask. Do not enter anyone’s office without giving them time to don their mask.*

2. Enter and exit the building through the assigned door ( __________ ).

3. Proceed directly to class and obtain temperature reading as you enter the classroom. Log temperature reading as directed into CastleBranch account. If temperature is $>$100.4°F or higher, go home and seek health care provider for guidance.

4. Do not walk within 6 feet (2 meters) of anyone unless unavoidable.

CLASSROOM/LAB/CLINIC:

1. Abide by the COVID-19 Protocol for Class/Lab/Clinic that has been created for your program of study.

2. Eating and/or drinking in the classroom should only take place during specified breaks authorized by the faculty. The recommended 6 foot (2 meter) distancing must be followed during such breaks. Congregating will not be permissible in the hallways, communal break room, lobby areas, or front/side patios of the building.

3. Refrain from using any water fountains or other public drinking options.

ATTENDANCE

I am feeling sick.

1. Stay home if feeling sick (except to seek medical care).

2. Seek guidance from your HealthCare Provider (HCP) if you are experiencing these symptoms:
   a. temperature of $>$100.4°F and/or chills, shortness of breath or difficulty breathing, headache, diarrhea, nausea/vomiting, body aches (myalgia), new loss of taste or smell, congestion or runny nose, cough, and fatigue. **If you have any trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, bluish lips or face, call 911 or call ahead to your local emergency room.**

3. Follow the directives of your HCP in regard to testing and/or returning to class.

4. Prior to class start time, notify your Instructor (in writing/email) of your illness and resultant absence from class, lab, or clinical.

5. Update your information in CastleBranch.
Revised July 30, 2020

6. Should you test positive for COVID-19, complete the COVID-19 Positive Notification Form. Mr. Damian South, Director of Campus Safety will receive this confidential information to assist with contact tracing. Contact Mr. South by calling 850-873-3582 and follow his directions. Mr. South will notify other individuals of possible exposure who will then follow same protocol as outlined in this section.

7. Returning to campus/clinical sites: Obtain written permission to resume class activities – this can be provided by your HCP or satisfaction of prescribed quarantine by Mr. Damian South.

I think I’ve been exposed to someone with COVID-19....

A community-related exposure is defined by the CDC as having had close contact (less than six feet away for 15 minutes or longer) to someone with COVID-19 symptoms or to someone with a laboratory confirmed positive test (symptomatic or asymptomatic – see below differentiation).

a. Symptomatic: Person with COVID-19 who has symptoms (in the period from 2 days before symptom onset until they meet criteria for discontinuing home isolation; can be laboratory-confirmed or a clinically compatible illness)

b. Asymptomatic: Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any symptoms (in the 2 days before the date of specimen collection until they meet criteria for discontinuing home isolation).

Examples of close contact may include having cared for such a person in your home, touched/hugged/kissed said person, shared drinking/eating utensils, or if such a person coughed or sneezed spraying respiratory droplets directly on you. This is irrespective of whether the person with COVID-19 or contact was wearing a cloth face covering or whether the contact was wearing personal protective equipment.


Based on the current CDC definition of exposure, I DID NOT have a close contact exposure. What do I do?
You may continue attending classes while practicing social responsibility as previously outlined to do your part in reducing the risk of contracting and/or transmitting COVID-19.

Based on the current CDC definition of exposure, I DID have a close contact exposure. What do I do?

1. Do not return to the college or clinical facility.
2. Seek guidance from your HealthCare Provider (HCP) and follow his/her advice regarding testing. Alternatively, you can self-direct and get tested for the active virus test (antigen, not antibody) at the PanCare Clinic on campus, another venue as outlined by the Florida Department of Health, or a site of your choosing.
3. Prior to class start time, notify your Instructor (in writing/email) of your illness and resultant absence from class, lab, or clinical.
4. Update your information in CastleBranch.
5. If you test positive for COVID-19, complete the COVID-19 Positive Notification Form online. Mr. Damian South, Director of Campus Safety will receive this confidential information to assist with contact tracing. Contact Mr. South by calling 850-873-3582 and follow his directions.

CDC Quarantine Guidelines for Community Related Exposures:

1. Did the person you were exposed to have symptoms?
   a. No – quarantine for 14 days
   b. Yes – quarantine for 14 days

2. Have you had any symptoms?
   a. No – you can come back after 14 days of exposure with or without testing.
   b. Yes – Seek guidance from your HCP and follow his/her directions for testing. If HCP does not order testing, then you may return after 14 days from onset of symptoms with no fever in the last 24 hours and improved symptoms.

3. Have you been tested? If you tested positive, but no symptoms, return 14 days after positive test.

- Each episode of quarantine will be considered one occurrence for attendance purposes. Any relapse or additional exposure that extends the number of days quarantined will count as a 2nd occurrence.
- Should episodes of quarantining become excessive (>2), counseling will be provided by the program Coordinator to determine if a medical withdrawal might be necessary as a result of missed instructional hours.
Dental Practice Name:    Gulf Coast State College, Dental Hygiene Program

Practice Address: 5230 W Hwy 98 Panama City, FL

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

Program Implementation Date:

I. Overview

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

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

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

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

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

- Clinic Dentists
- Dental Programs Faculty
- Dental Programs Students

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

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

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

II. Respirator selection

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

III. Medical evaluations

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

IV. Fit testing

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

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

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

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

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

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

A. The person wearing the respirator fails to properly perform seal checks.

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

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

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

VI. Maintenance and care of respirators

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

VIII. Training and information

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

A. Why the respirator is necessary and how improper fit and use can compromise the protective effect of the respirator.

B. The capabilities and limitations of the respirator.

C. How to inspect, put on, remove and use the respirator and how to check the seals.

D. Recognition of the medical signs and the symptoms that may limit or prevent an employee’s/student’s effective use of a respirator.

E. General requirements of the respirator regulation.

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

IX. Program evaluation

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


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

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator’s limitations.

2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designated to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors or very small solid particles of fumes or smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else’s respirator.
A. Fit Testing Procedures - General Requirements. The employer shall conduct fit testing using the following procedures. The requirements in this appendix apply to all OSHA-accepted fit test methods, both QLFT and QNFT.

1. The test subject shall be allowed to pick the most acceptable respirator from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.

2. Prior to the selection process, the test subject shall be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit. A mirror shall be available to assist the subject in evaluating the fit and positioning of the respirator. This instruction may not constitute the subject's formal training on respirator use, because it is only a review.

3. The test subject shall be informed that he/she is being asked to select the respirator that provides the most acceptable fit. Each respirator represents a different size and shape, and if fitted and used properly, will provide adequate protection.

4. The test subject shall be instructed to hold each chosen facepiece up to the face and eliminate those that obviously do not give an acceptable fit.

5. The more acceptable facepieces are noted in case the one selected proves unacceptable; the most comfortable mask is donned and worn at least five minutes to assess comfort. Assistance in assessing comfort can be given by discussing the points in the following item A.6. If the test subject is not familiar with using a particular respirator, the test subject shall be directed to don the mask several times and to adjust the straps each time to become adept at setting proper tension on the straps.

6. Assessment of comfort shall include a review of the following points with the test subject and allowing the test subject adequate time to determine the comfort of the respirator.

   (a) Position of the mask on the nose
   (b) Room for eye protection
   (c) Room to talk
   (d) Position of mask on face and cheeks

7. The following criteria shall be used to help determine the adequacy of the respirator fit:

   (a) Chin properly placed;
   (b) Adequate strap tension, not overly tightened;
   (c) Fit across nose bridge;
   (d) Respirator of proper size to span distance from nose to chin;
   (e) Tendency of respirator to slip;
   (f) Self-observation in mirror to evaluate fit and respirator position.

8. The test subject shall conduct a user seal check, either the negative and positive pressure seal checks described in Appendix B-1 or those recommended by the respirator manufacturer which provide equivalent protection to the procedures in Appendix B-1. Before conducting the negative and positive pressure checks, the subject shall be told to seat the mask on the face by moving the head from side-to-side and up and down slowly while taking in a few slow deep breaths. Another facepiece shall be selected and retested if the test subject fails the user seal check tests.

9. The test shall not be conducted if there is any hair growth between the skin and the facepiece sealing surface, such as stubble beard growth, beard, mustache or sideburns which cross the respirator sealing surface. Any type of apparel which interferes with a satisfactory fit shall be altered or removed.

10. If a test subject exhibits difficulty in breathing during the tests, she or he shall be referred to a physician.
or other licensed health care professional, as appropriate, to determine whether the test subject can wear a respirator while performing her or his duties.

11. If the employee finds the fit of the respirator unacceptable, the test subject shall be given the opportunity to select a different respirator and to be retested.

12. Exercise regimen. Prior to the commencement of the fit test, the test subject shall be given a description of the fit test and the test subject's responsibilities during the test procedure. The description of the process shall include a description of the test exercises that the subject will be performing. The respirator to be tested shall be worn for at least 5 minutes before the start of the fit test.

13. The fit test shall be performed while the test subject is wearing any applicable safety equipment that may be worn during actual respirator use which would interfere with respirator fit.

14. Test Exercises.

   (a) Employers must perform the following test exercises for all fit testing methods prescribed in this appendix, except for the CNP quantitative fit testing protocol and the CNP REDON quantitative fit testing protocol. For these two protocols, employers must ensure that the test subjects (i.e., employees) perform the exercise procedure specified in section I.C.4(b) of this appendix for the CNP quantitative fit testing protocol, or the exercise procedure described in section I.C.5(b) of this appendix for the CNP REDON quantitative fit-testing protocol. For the remaining fit testing methods, employers must ensure that employees perform the test exercises in the appropriate test environment in the following manner:

   (1) Normal breathing. In a normal standing position, without talking, the subject shall breathe normally.

   (2) Deep breathing. In a normal standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate.

   (3) Turning head side to side. Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the subject can inhale at each side.

   (4) Moving head up and down. Standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling).

   (5) Talking. The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared text such as the Rainbow Passage, count backward from 100, or recite a memorized poem or song.

   RAINBOW PASSAGE

   When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

   (6) Grimace. The test subject shall Grimace by smiling or frowning. (This applies only to QNFT testing; it is not performed for QLFT)

   (7) Bending over. The test subject shall bend at the waist as if he/she were to touch his/her toes. Jogging in place shall be substituted for this exercise in those test environments such as shroud type QNFT or QLFT units that do not permit bending over at the waist.

   (8) Normal breathing. Same as exercise (1).

   (b) Each test exercise shall be performed for one minute except for the grimace exercise, which shall be performed for 15 seconds. The test subject shall be questioned by the test conductor regarding the comfort of
the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried. The respirator shall not be adjusted once the fit test exercises begin. Any adjustment voids the test, and the fit test must be repeated.

B. Qualitative Fit Test (QLFT) Protocols

1. General
   (a) The employer shall ensure that persons administering QLFT are able to prepare test solutions, calibrate equipment and perform tests properly, recognize invalid tests, and ensure that test equipment is in proper working order.
   (b) The employer shall ensure that QLFT equipment is kept clean and well maintained so as to operate within the parameters for which it was designed.

2. Isoamyl Acetate Protocol Note: This protocol is not appropriate to use for the fit testing of particulate respirators. If used to fit test particulate respirators, the respirator must be equipped with an organic vapor filter.
   (a) Odor Threshold Screening. Odor threshold screening, performed without wearing a respirator, is intended to determine if the individual tested can detect the odor of isoamyl acetate at low levels.
      (1) Three 1-liter glass jars with metal lids are required.
      (2) Odor-free water (e.g., distilled or spring water) at approximately 25 deg. C (77 deg. F) shall be used for the solutions.
      (3) The isoamyl acetate (IAA) (also known as isopentyl acetate) stock solution is prepared by adding 1 ml of pure IAA to 800 ml of odor-free water in a 1-liter jar, closing the lid and shaking for 30 seconds. A new solution shall be prepared at least weekly.
      (4) The screening test shall be conducted in a room separate from the room used for actual fit testing. The two rooms shall be well-ventilated to prevent the odor of IAA from becoming evident in the general room air where testing takes place.
      (5) The odor test solution is prepared in a second jar by placing 0.4 ml of the stock solution into 500 ml of odor-free water using a clean dropper or pipette. The solution shall be shaken for 30 seconds and allowed to stand for two to three minutes so that the IAA concentration above the liquid may reach equilibrium. This solution shall be used for only one day.
      (6) A test blank shall be prepared in a third jar by adding 500 cc of odor-free water.
      (7) The odor test and test blank jar lids shall be labeled (e.g., 1 and 2) for jar identification. Labels shall be placed on the lids so that they can be peeled off periodically and switched to maintain the integrity of the test.
      (8) The following instruction shall be typed on a card and placed on the table in front of the two test jars (i.e., 1 and 2): “The purpose of this test is to determine if you can smell banana oil at a low concentration. The two bottles in front of you contain water. One of these bottles also contains a small amount of banana oil. Be sure the covers are on tight, then shake each bottle for two seconds. Unscrew the lid of each bottle, one at a time, and sniff at the mouth of the bottle. Indicate to the test conductor which bottle contains banana oil.”
      (9) The mixtures used in the IAA odor detection test shall be prepared in an area separate from where the test is performed, in order to prevent olfactory fatigue in the subject.
      (10) If the test subject is unable to correctly identify the jar containing the odor test solution, the IAA qualitative fit test shall not be performed.
      (11) If the test subject correctly identifies the jar containing the odor test solution, the test subject may proceed to respirator selection and fit testing.
   (b) Isoamyl Acetate Fit Test
(1) The fit test chamber shall be a clear 55-gallon drum liner suspended inverted over a 2-foot diameter frame so that the top of the chamber is about 6 inches above the test subject's head. If no drum liner is available, a similar chamber shall be constructed using plastic sheeting. The inside top center of the chamber shall have a small hook attached.

(2) Each respirator used for the fitting and fit testing shall be equipped with organic vapor cartridges or offer protection against organic vapors.

(3) After selecting, donning, and properly adjusting a respirator, the test subject shall wear it to the fit testing room. This room shall be separate from the room used for odor threshold screening and respirator selection, and shall be well-ventilated, as by an exhaust fan or lab hood, to prevent general room contamination.

(4) A copy of the test exercises and any prepared text from which the subject is to read shall be taped to the inside of the test chamber.

(5) Upon entering the test chamber, the test subject shall be given a 6-inch by 5-inch piece of paper towel, or other porous, absorbent, single-ply material, folded in half and wetted with 0.75 ml of pure IAA. The test subject shall hang the wet towel on the hook at the top of the chamber. An IAA test swab or ampule may be substituted for the IAA wetted paper towel provided it has been demonstrated that the alternative IAA source will generate an IAA test atmosphere with a concentration equivalent to that generated by the paper towel method.

(6) Allow two minutes for the IAA test concentration to stabilize before starting the fit test exercises. This would be an appropriate time to talk with the test subject; to explain the fit test, the importance of his/her cooperation, and the purpose for the test exercises; or to demonstrate some of the exercises.

(7) If at any time during the test, the subject detects the banana-like odor of IAA, the test is failed. The subject shall quickly exit from the test chamber and leave the test area to avoid olfactory fatigue.

(8) If the test is failed, the subject shall return to the selection room and remove the respirator. The test subject shall repeat the odor sensitivity test, select and put on another respirator, return to the test area and again begin the fit test procedure described in (b) (1) through (7) above. The process continues until a respirator that fits well has been found. Should the odor sensitivity test be failed, the subject shall wait at least 5 minutes before retesting. Odor sensitivity will usually have returned by this time.

(9) If the subject passes the test, the efficiency of the test procedure shall be demonstrated by having the subject break the respirator face seal and take a breath before exiting the chamber.

(10) When the test subject leaves the chamber, the subject shall remove the saturated towel and return it to the person conducting the test, so that there is no significant IAA concentration buildup in the chamber during subsequent tests. The used towels shall be kept in a self-sealing plastic bag to keep the test area from being contaminated.

3. Saccharin Solution Aerosol Protocol. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) Taste threshold screening. The saccharin taste threshold screening, performed without wearing a respirator, is intended to determine whether the individual being tested can detect the taste of saccharin.

(1) During threshold screening as well as during fit testing, subjects shall wear an enclosure about the head and shoulders that is approximately 12 inches in diameter by 14 inches tall with at least the front portion clear and that allows free movements of the head when a respirator is worn. An enclosure substantially similar to the 3M hood assembly, parts # FT 14 and # FT 15 combined, is adequate.

(2) The test enclosure shall have a 3/4-inch (1.9 cm) hole in front of the test subject's nose and
mouth area to accommodate the nebulizer nozzle.

(3) The test subject shall don the test enclosure. Throughout the threshold screening test, the test subject shall breathe through his/her slightly open mouth with tongue extended. The subject is instructed to report when he/she detects a sweet taste.

(4) Using a DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent, the test conductor shall spray the threshold check solution into the enclosure. The nozzle is directed away from the nose and mouth of the person. This nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.

(5) The threshold check solution is prepared by dissolving 0.83 gram of sodium saccharin USP in 100 ml of warm water. It can be prepared by putting 1 ml of the fit test solution (see (b)(5) below) in 100 ml of distilled water.

(6) To produce the aerosol, the nebulizer bulb is firmly squeezed so that it collapses completely, then released and allowed to fully expand.

(7) Ten squeezes are repeated rapidly and then the test subject is asked whether the saccharin can be tasted. If the test subject reports tasting the sweet taste during the ten squeezes, the screening test is completed. The taste threshold is noted as ten regardless of the number of squeezes actually completed.

(8) If the first response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the saccharin is tasted. If the test subject reports tasting the sweet taste during the second ten squeezes, the screening test is completed. The taste threshold is noted as twenty regardless of the number of squeezes actually completed.

(9) If the second response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the saccharin is tasted. If the test subject reports tasting the sweet taste during the third set of ten squeezes, the screening test is completed. The taste threshold is noted as thirty regardless of the number of squeezes actually completed.

(10) The test conductor will take note of the number of squeezes required to solicit a taste response.

(11) If the saccharin is not tasted after 30 squeezes (step 10), the test subject is unable to taste saccharin and may not perform the saccharin fit test.

Note to subsection 3. (a): If the test subject eats or drinks something sweet before the screening test, he/she may be unable to taste the weak saccharin solution.

(12) If a taste response is elicited, the test subject shall be asked to take note of the taste for reference in the fit test.

(13) Correct use of the nebulizer means that approximately 1 ml of liquid is used at a time in the nebulizer body.

(14) The nebulizer shall be thoroughly rinsed in water, shaken dry, and refilled at least each morning and afternoon or at least every four hours.

(b) Saccharin solution aerosol fit test procedure.

(1) The test subject may not eat, drink (except for plain water), smoke, or chew gum for 15 minutes before the test.

(2) The fit test uses the same enclosure described in 3. (a) above.

(3) The test subject shall don the enclosure while wearing the respirator selected in section I. A. of this appendix. The respirator shall be properly adjusted and equipped with a particulate filter(s).

(4) A second DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent is used to spray the fit test solution into the enclosure. This nebulizer shall be clearly marked to distinguish it from the screening test solution nebulizer.
(5) The fit test solution is prepared by adding 0.83 grams of sodium saccharin to 100 ml of warm water.

(6) As before, the test subject shall breathe through the slightly open mouth with the tongue extended, and report if he/she tastes the sweet taste of saccharin.

(7) The nebulizer is inserted into the hole in the front of the enclosure and an initial concentration of saccharin fit test solution is sprayed into the enclosure using the same number of squeezes (either 10, 20 or 30 squeezes) based on the number of squeezes required to elicit a taste response as noted during the screening test. A minimum of 10 squeezes is required.

(8) After generating the aerosol, the test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.

(9) Every 30 seconds the aerosol concentration shall be replenished using one half the original number of squeezes used initially (e.g., 5, 10, or 15).

(10) The test subject shall indicate to the test conductor if at any time during the fit test the taste of saccharin is detected. If the test subject does not report tasting the saccharin, the test is passed.

(11) If the taste of saccharin is detected, the fit is deemed unsatisfactory and the test is failed. A different respirator shall be tried and the entire test procedure is repeated (taste threshold screening and fit testing).

(12) Since the nebulizer has a tendency to clog during use, the test operator must make periodic checks of the nebulizer to ensure that it is not clogged. If clogging is found at the end of the test session, the test is invalid.

4. Bitrex™ (Denatonium Benzoate) Solution Aerosol Qualitative Fit Test Protocol. The Bitrex™ (Denatonium benzoate) solution aerosol QLFT protocol uses the published saccharin test protocol because that protocol is widely accepted. Bitrex is routinely used as a taste aversion agent in household liquids which children should not be drinking and is endorsed by the American Medical Association, the National Safety Council, and the American Association of Poison Control Centers. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) Taste Threshold Screening. The Bitrex taste threshold screening, performed without wearing a respirator, is intended to determine whether the individual being tested can detect the taste of Bitrex.

(1) During threshold screening as well as during fit testing, subjects shall wear an enclosure about the head and shoulders that is approximately 12 inches (30.5 cm) in diameter by 14 inches (35.6 cm) tall. The front portion of the enclosure shall be clear from the respirator and allow free movement of the head when a respirator is worn. An enclosure substantially similar to the 3M hood assembly, parts #14 and #15 combined, is adequate.

(2) The test enclosure shall have a 3/4 inch (1.9 cm) hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle.

(3) The test subject shall don the test enclosure. Throughout the threshold screening test, the test subject shall breathe through his or her slightly open mouth with tongue extended. The subject is instructed to report when he/she detects a bitter taste.

(4) Using a DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent, the test conductor shall spray the Threshold Check Solution into the enclosure. This Nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.

(5) The Threshold Check Solution is prepared by adding 13.5 milligrams of Bitrex to 100 ml of 5% salt (NaCl) solution in distilled water.

(6) To produce the aerosol, the nebulizer bulb is firmly squeezed so that the bulb collapses completely, and is then released and allowed to fully expand.

(7) An initial ten squeezes are repeated rapidly and then the test subject is asked whether the Bitrex can be tasted. If the test subject reports tasting the bitter taste during the ten squeezes, the
screening test is completed. The taste threshold is noted as ten regardless of the number of
squeezes actually completed.

(8) If the first response is negative, ten more squeezes are repeated rapidly and the test subject is
again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the
second ten squeezes, the screening test is completed. The taste threshold is noted as twenty
regardless of the number of squeezes actually completed.

(9) If the second response is negative, ten more squeezes are repeated rapidly and the test subject is
again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the
third set of ten squeezes, the screening test is completed. The taste threshold is noted as thirty
regardless of the number of squeezes actually completed.

(10) The test conductor will take note of the number of squeezes required to solicit a taste
response.

(11) If the Bitrex is not tasted after 30 squeezes (step 10), the test subject is unable to taste Bitrex
and may not perform the Bitrex fit test.

(12) If a taste response is elicited, the test subject shall be asked to take note of the taste for
reference in the fit test.

(13) Correct use of the nebulizer means that approximately 1 ml of liquid is used at a time in the
nebulizer body.

(14) The nebulizer shall be thoroughly rinsed in water, shaken to dry, and refilled at least each
morning and afternoon or at least every four hours.

(b) Bitrex Solution Aerosol Fit Test Procedure.

(1) The test subject may not eat, drink (except plain water), smoke, or chew gum for 15 minutes
before the test.

(2) The fit test uses the same enclosure as that described in 4. (a) above.

(3) The test subject shall don the enclosure while wearing the respirator selected according to
section I. A. of this appendix. The respirator shall be properly adjusted and equipped with any type
particulate filter(s).

(4) A second DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent is used to spray the
fit test solution into the enclosure. This nebulizer shall not be clearly marked to distinguish it from
the screening test solution nebulizer.

(5) The fit test solution is prepared by adding 337.5 mg of Bitrex to 200 ml of a 5% salt (NaCl)
solution in warm water.

(6) As before, the test subject shall breathe through his or her slightly open mouth with tongue
extended, and be instructed to report if he/she tastes the bitter taste of Bitrex.

(7) The nebulizer is inserted into the hole in the front of the enclosure and an initial concentration of
the fit test solution is sprayed into the enclosure using the same number of squeezes (either 10, 20
or 30 squeezes) based on the number of squeezes required to elicit a taste response as noted
during the screening test.

(8) After generating the aerosol, the test subject shall be instructed to perform the exercises in
section I. A. 14. of this appendix.

(9) Every 30 seconds the aerosol concentration shall be replenished using one half the number of
squeezes used initially (e.g., 5, 10 or 15).

(10) The test subject shall indicate to the test conductor if at any time during the fit test the taste of
Bitrex is detected. If the test subject does not report tasting the Bitrex, the test is passed.

(11) If the taste of Bitrex is detected, the fit is deemed unsatisfactory and the test is failed. A
5. Irritant Smoke (Stannic Chloride) Protocol. This qualitative fit test uses a person's response to the irritating chemicals released in the “smoke” produced by a stannic chloride ventilation smoke tube to detect leakage into the respirator.

(a) General Requirements and Precautions.

(1) The respirator to be tested shall be equipped with high efficiency particulate air (HEPA) or P100 series filter(s).

(2) Only stannic chloride smoke tubes shall be used for this protocol.

(3) No form of test enclosure or hood for the test subject shall be used.

(4) The smoke can be irritating to the eyes, lungs, and nasal passages. The test conductor shall take precautions to minimize the test subject's exposure to irritant smoke. Sensitivity varies, and certain individuals may respond to a greater degree to irritant smoke. Care shall be taken when performing the sensitivity screening checks that determine whether the test subject can detect irritant smoke to use only the minimum amount of smoke necessary to elicit a response from the test subject.

(5) The fit test shall be performed in an area with adequate ventilation to prevent exposure of the person conducting the fit test or the build-up of irritant smoke in the general atmosphere.

(b) Sensitivity Screening Check. The person to be tested must demonstrate his or her ability to detect a weak concentration of the irritant smoke.

(1) The test operator shall break both ends of a ventilation smoke tube containing stannic chloride, and attach one end of the smoke tube to a low flow air pump set to deliver 200 milliliters per minute, or an aspirator squeeze bulb. The test operator shall cover the other end of the smoke tube with a short piece of tubing to prevent potential injury from the jagged end of the smoke tube.

(2) The test operator shall advise the test subject that the smoke can be irritating to the eyes, lungs, and nasal passages and instruct the subject to keep his/her eyes closed while the test is performed.

(3) The test subject shall be allowed to smell a weak concentration of the irritant smoke before the respirator is donned to become familiar with its irritating properties and to determine if he/she can detect the irritating properties of the smoke. The test operator shall carefully direct a small amount of the irritant smoke in the test subject's direction to determine that he/she can detect it.

(c) Irritant Smoke Fit Test Procedure

(1) The person being fit tested shall don the respirator without assistance, and perform the required user seal check(s).

(2) The test subject shall be instructed to keep his/her eyes closed.

(3) The test operator shall direct the stream of irritant smoke from the smoke tube toward the face seal area of the test subject, using the low flow pump or the squeeze bulb. The test operator shall begin at least 12 inches from the facepiece and move the smoke stream around the whole perimeter of the mask. The operator shall gradually make two more passes around the perimeter of the mask, moving to within six inches of the respirator.

(4) If the person being tested has not had an involuntary response and/or detected the irritant smoke, proceed with the test exercises.

(5) The exercises identified in section I.A. 14. of this appendix shall be performed by the test subject while the respirator seal is being continually challenged by the smoke, directed around the perimeter of the respirator at a distance of six inches.

(6) If the person being fit tested reports detecting the irritant smoke at any time, the test is failed. The person being retested must repeat the entire sensitivity check and fit test procedure.
(7) Each test subject passing the irritant smoke test without evidence of a response (involuntary cough, irritation) shall be given a second sensitivity screening check, with the smoke from the same smoke tube used during the fit test, once the respirator has been removed, to determine whether he/she still reacts to the smoke. Failure to evoke a response shall void the fit test.

(8) If a response is produced during this second sensitivity check, then the fit test is passed.

C. Quantitative Fit Test (QNFT) Protocols. The following quantitative fit testing procedures have been demonstrated to be acceptable: Quantitative fit testing using a non-hazardous test aerosol (such as corn oil, polyethylene glycol 400 [PEG 400], di-2-ethyl hexyl sebacate [DEHS], or sodium chloride) generated in a test chamber, and employing instrumentation to quantify the fit of the respirator; Quantitative fit testing using ambient aerosol as the test agent and appropriate instrumentation (condensation nuclei counter) to quantify the respirator fit; Quantitative fit testing using controlled negative pressure and appropriate instrumentation to measure the volumetric leak rate of a facepiece to quantify the respirator fit.

1. General

(a) The employer shall ensure that persons administering QNFT are able to calibrate equipment and perform tests properly, recognize invalid tests, calculate fit factors properly and ensure that test equipment is in proper working order.

(b) The employer shall ensure that QNFT equipment is kept clean, and is maintained and calibrated according to the manufacturer’s instructions so as to operate at the parameters for which it was designed.

2. Generated Aerosol Quantitative Fit Testing Protocol

(a) Apparatus.

(1) Instrumentation. Aerosol generation, dilution, and measurement systems using particulates (corn oil, polyethylene glycol 400 [PEG 400], di-2-ethyl hexyl sebacate [DEHS] or sodium chloride) as test aerosols shall be used for quantitative fit testing.

(2) Test chamber. The test chamber shall be large enough to permit all test subjects to perform freely all required exercises without disturbing the test agent concentration or the measurement apparatus. The test chamber shall be equipped and constructed so that the test agent is effectively isolated from the ambient air, yet uniform in concentration throughout the chamber.

(3) When testing air-purifying respirators, the normal filter or cartridge element shall be replaced with a high efficiency particulate air (HEPA) or P100 series filter supplied by the same manufacturer.

(4) The sampling instrument shall be selected so that a computer record or strip chart record may be made of the test showing the rise and fall of the test agent concentration with each inspiration and expiration at fit factors of at least 2,000. Integrators or computers that integrate the amount of test agent penetration leakage into the respirator for each exercise may be used provided a record of the readings is made.

(5) The combination of substitute air-purifying elements, test agent and test agent concentration shall be such that the test subject is not exposed in excess of an established exposure limit for the test agent at any time during the testing process, based upon the length of the exposure and the exposure limit duration.

(6) The sampling port on the test specimen respirator shall be placed and constructed so that no leakage occurs around the port (e.g., where the respirator is probed), a free air flow is allowed into the sampling line at all times, and there is no interference with the fit or performance of the respirator. The in-mask sampling device (probe) shall be designed and used so that the air sample is drawn from the breathing zone of the test subject, midway between the nose and mouth and with the probe extending into the facepiece cavity at least 1/4 inch.
(7) The test setup shall permit the person administering the test to observe the test subject inside the chamber during the test.

(8) The equipment generating the test atmosphere shall maintain the concentration of test agent constant to within a 10 percent variation for the duration of the test.

9) The time lag (interval between an event and the recording of the event on the strip chart or computer or integrator) shall be kept to a minimum. There shall be a clear association between the occurrence of an event and its being recorded.

(10) The sampling line tubing for the test chamber atmosphere and for the respirator sampling port shall be of equal diameter and of the same material. The length of the two lines shall be equal.

(11) The exhaust flow from the test chamber shall pass through an appropriate filter (i.e., high efficiency particulate filter) before release.

(12) When sodium chloride aerosol is used, the relative humidity inside the test chamber shall not exceed 50 percent.

(13) The limitations of instrument detection shall be taken into account when determining the fit factor.

(14) Test respirators shall be maintained in proper working order and be inspected regularly for deficiencies such as cracks or missing valves and gaskets.

(b) Procedural Requirements.

(1) When performing the initial user seal check using a positive or negative pressure check, the sampling line shall be crimped closed in order to avoid air pressure leakage during either of these pressure checks.

(2) The use of an abbreviated screening QLFT test is optional. Such a test may be utilized in order to quickly identify poor fitting respirators that passed the positive and/or negative pressure test and reduce the amount of QNFT time. The use of the CNC QNFT instrument in the count mode is another optional method to obtain a quick estimate of fit and eliminate poor fitting respirators before going on to perform a full QNFT.

(3) A reasonably stable test agent concentration shall be measured in the test chamber prior to testing. For canopy or shower curtain types of test units, the determination of the test agent's stability may be established after the test subject has entered the test environment.

(4) Immediately after the subject enters the test chamber, the test agent concentration inside the respirator shall be measured to ensure that the peak penetration does not exceed 5 percent for a half mask or 1 percent for a full facepiece respirator.

(5) A stable test agent concentration shall be obtained prior to the actual start of testing.

(6) Respirator restraining straps shall not be over-tightened for testing. The straps shall be adjusted by the wearer without assistance from other persons to give a reasonably comfortable fit typical of normal use. The respirator shall not be adjusted once the fit test exercises begin.

(7) The test shall be terminated whenever any single peak penetration exceeds 5 percent for half masks and 1 percent for full facepiece respirators. The test subject shall be refitted and retested.

(8) Calculation of fit factors.

(i) The fit factor shall be determined for the quantitative fit test by taking the ratio of the average chamber concentration to the concentration measured inside the respirator for each test exercise except the grimace exercise.

(ii) The average test chamber concentration shall be calculated as the arithmetic average of the concentration measured before and after each test (i.e., 7 exercises) or the arithmetic average of the concentration measured before and after each exercise or the true average measured continuously during the respirator sample.
The concentration of the challenge agent inside the respirator shall be determined by one of the following methods:

(A) Average peak penetration method means the method of determining test agent penetration into the respirator utilizing a strip chart recorder, integrator, or computer. The agent penetration is determined by an average of the peak heights on the graph or by computer integration, for each exercise except the grimace exercise. Integrators or computers that calculate the actual test agent penetration into the respirator for each exercise will also be considered to meet the requirements of the average peak penetration method.

(B) Maximum peak penetration method means the method of determining test agent penetration in the respirator as determined by strip chart recordings of the test. The highest peak penetration for a given exercise is taken to be representative of average penetration into the respirator for that exercise.

(C) Integration by calculation of the area under the individual peak for each exercise except the grimace exercise. This includes computerized integration.

(D) The calculation of the overall fit factor using individual exercise fit factors involves first converting the exercise fit factors to penetration values, determining the average, and then converting that result back to a fit factor. This procedure is described in the following equation: Overall Fit Factor = \( \frac{\text{Number of exercises}}{\frac{1}{ff_1} + \frac{1}{ff_2} + \frac{1}{ff_3} + \frac{1}{ff_4} + \frac{1}{ff_5} + \frac{1}{ff_6} + \frac{1}{ff_7} + \frac{1}{ff_8}} \)

Where \( ff_1, ff_2, ff_3, \) etc. are the fit factors for exercises 1, 2, 3, etc.

(9) The test subject shall not be permitted to wear a half mask or quarter facepiece respirator unless a minimum fit factor of 100 is obtained, or a full facepiece respirator unless a minimum fit factor of 500 is obtained.

(10) Filters used for quantitative fit testing shall be replaced whenever increased breathing resistance is encountered, or when the test agent has altered the integrity of the filter media.

3. Ambient aerosol condensation nuclei counter (CNC) quantitative fit testing protocol. The ambient aerosol condensation nuclei counter (CNC) quantitative fit testing (Portacount™) protocol quantitatively fit tests respirators with the use of a probe. The probed respirator is only used for quantitative fit tests. A probed respirator has a special sampling device, installed on the respirator, that allows the probe to sample the air from inside the mask. A probed respirator is required for each make, style, model, and size that the employer uses and can be obtained from the respirator manufacturer or distributor. The CNC instrument manufacturer, TSI Inc., also provides probe attachments (TSI sampling adapters) that permit fit testing in an employee’s own respirator. A minimum fit factor pass level of at least 100 is necessary for a half-mask respirator and a minimum fit factor pass level of at least 500 is required for a full facepiece negative pressure respirator. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) Portacount Fit Test Requirements.

(1) Check the respirator to make sure the sampling probe and line are properly attached to the facepiece and that the respirator is fitted with a particulate filter capable of preventing significant penetration by the ambient particles used by the fit test (e.g. NIOSH 42 CFR 84 series 100, 99 or 95 particulate filter) per manufacturer’s instruction.

(2) Instruct the person to be tested to don the respirator for five minutes before the fit test starts. This purges the ambient particles trapped inside the respirator and permits the wearer to make certain the respirator is comfortable. This individual shall already have been trained on how to wear the respirator properly.

(3) Check the following conditions for the adequacy of the respirator fit: chin properly placed; adequate strap tension, not overly tightened; fit across nose bridge; respirator of proper size to span distance from nose to chin; tendency of the respirator to slip; self-observation in a mirror to
evaluate fit and respirator position.

(4) Have the person wearing the respirator do a user seal check. If leakage is detected, determine the cause. If leakage is from a poorly fitting facepiece, try another size of the same model respirator, or another model of respirator.

(5) Follow the manufacturer's instruction for operating the Portacount and proceed with the test.

(6) the test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.

(7) After the test exercises, the test subject shall be questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried.

(b) Portacount Test Instrument.

(1) The Portacount will automatically stop and calculate the overall fit factor for the entire set of exercises. The overall fit factor is what counts. The Pass or Fail message will indicate whether or not the test was successful. If the test was a Pass, the fit test is over.

(2) Since the pass or fail criterion of the Portacount is user programmable, the test operator shall ensure that the pass or fail criterion meet the requirements for minimum respirator performance in this Appendix.

(3) A record of the test needs to be kept on file, assuming the fit test was successful. The record must contain the test subject's name; overall fit factor; make, model, style, and size of respirator used; and date tested.

4. Controlled negative pressure (CNP) quantitative fit testing protocol. The CNP protocol provides an alternative to aerosol fit test methods. The CNP fit test method technology is based on exhausting air from a temporarily sealed respirator facepiece to generate and then maintain a constant negative pressure inside the facepiece. The rate of air exhaust is controlled so that a constant negative pressure is maintained in the respirator during the fit test. The level of pressure is selected to replicate the mean inspiratory pressure that causes leakage into the respirator under normal use conditions. With pressure held constant, air flow out of the respirator is equal to air flow into the respirator. Therefore, measurement of the exhaust stream that is required to hold the pressure in the temporarily sealed respirator constant yields a direct measure of leakage air flow into the respirator. The CNP fit test method measures leak rates through the facepiece as a method for determining the facepiece fit for negative pressure respirators. The CNP instrument manufacturer Occupational Health Dynamics of Birmingham, Alabama also provides attachments (sampling manifolds) that replace the filter cartridges to permit fit testing in an employee's own respirator. To perform the test, the test subject closes his or her mouth and holds his/her breath, after which an air pump removes air from the respirator facepiece at a pre-selected constant pressure. The facepiece fit is expressed as the leak rate through the facepiece, expressed as milliliters per minute. The quality and validity of the CNP fit tests are determined by the degree to which the in-mask pressure tracks the test pressure during the system measurement time of approximately five seconds. Instantaneous feedback in the form of a real-time pressure trace of the in-mask pressure is provided and used to determine test validity and quality. A minimum fit factor pass level of 100 is necessary for a half-mask respirator and a minimum fit factor of at least 500 is required for a full facepiece respirator. The entire screening and testing procedure shall be explained to the test subject prior to conduct of the screening test.

(a) CNP Fit Test Requirements.

(1) The instrument shall have a non-adjustable test pressure of 15.0 mm water pressure.

(2) The CNP system defaults selected for test pressure shall be set at -15 mm of water (-0.58 inches of water) and the modeled inspiratory flow rate shall be 53.8 liters per minute for performing fit tests.

(Note: CNP systems have built-in capability to conduct fit testing that is specific to unique work rate, mask, and gender situations that might apply in a specific workplace. Use of system default values, which were selected to represent respirator wear with medium cartridge resistance at a low-
moderate work rate, will allow inter-test comparison of the respirator fit.)

(3) The individual who conducts the CNP fit testing shall be thoroughly trained to perform the test.

(4) The respirator filter or cartridge needs to be replaced with the CNP test manifold. The inhalation valve downstream from the manifold either needs to be temporarily removed or propped open.

(5) The employer must train the test subject to hold his or her breath for at least 10 seconds.

(6) The test subject must don the test respirator without any assistance from the test administrator who is conducting the CNP fit test. The respirator must not be adjusted once the fit-test exercises begin. Any adjustment voids the test, and the test subject must repeat the fit test.

(7) The QNFT protocol shall be followed according to section I. C. 1. of this appendix.

(b) CNP Test Exercises.

(1) Normal breathing. In a normal standing position, without talking, the subject shall breathe normally for 1 minute. After the normal breathing exercise, the subject needs to hold head straight ahead and hold his or her breath for 10 seconds during the test measurement.

(2) Deep breathing. In a normal standing position, the subject shall breathe slowly and deeply for 1 minute, being careful not to hyperventilate. After the deep breathing exercise, the subject shall hold his or her head straight ahead and hold his or her breath for 10 seconds during test measurement.

(3) Turning head side to side. Standing in place, the subject shall slowly turn his or her head from side to side between the extreme positions on each side for 1 minute. The head shall be held at each extreme momentarily so the subject can inhale at each side. After the turning head side to side exercise, the subject needs to hold head full left and hold his or her breath for 10 seconds during test measurement. Next, the subject needs to hold head full right and hold his or her breath for 10 seconds during test measurement.

(4) Moving head up and down. Standing in place, the subject shall slowly move his or her head up and down for 1 minute. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling). After the moving head up and down exercise, the subject shall hold his or her head full up and hold his or her breath for 10 seconds during test measurement. Next, the subject shall hold his or her head full down and hold his or her breath for 10 seconds during test measurement.

(5) Talking. The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared text such as the Rainbow Passage, count backward from 100, or recite a memorized poem or song for 1 minute. After the talking exercise, the subject shall hold his or her head straight ahead and hold his or her breath for 10 seconds during the test measurement.

(6) Grimace. The test subject shall grimace by smiling or frowning for 15 seconds.

(7) Bending Over. The test subject shall bend at the waist as if he or she were to touch his or her toes for 1 minute. Jogging in place shall be substituted for this exercise in those test environments such as shroud-type QNFT units that prohibit bending at the waist. After the bending over exercise, the subject shall hold his or her head straight ahead and hold his or her breath for 10 seconds during the test measurement.

(8) Normal Breathing. The test subject shall remove and re-don the respirator within a one-minute period. Then, in a normal standing position, without talking, the subject shall breathe normally for 1 minute. After the normal breathing exercise, the subject shall hold his or her head straight ahead and hold his or her breath for 10 seconds during the test measurement. After the test exercises, the test subject shall be questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of a respirator shall be tried.

(c) CNP Test Instrument.
(1) The test instrument must have an effective audio warning device, or a visual-warning device in the form of a screen tracing, that indicates when the test subject fails to hold his or her breath during the test. The test shall be terminated and restarted from the beginning when the test subject fails to hold his or her breath during the test. The test subject then may be refitted and retested.

(2) A record of the test shall be kept on file, assuming the fit test was successful. The record must contain the test subject's name; overall fit factor; make, model, style and size of respirator used; and date tested.

5. Controlled negative pressure (CNP) REDON quantitative fit testing protocol.

(a) CNP REDON Fit Test Requirements. When administering the CNP REDON protocol to test subjects, employers must comply with the CNP fit test requirements specified in section I.C.4.(a) of this appendix.

(b) CNP REDON Test Exercises.

(1) Employers must ensure that each test subject being fit tested using this protocol follows the exercise and measurement procedures, including the order of administration, described below in Table A-1 of this appendix.

<table>
<thead>
<tr>
<th>Exercises (1)</th>
<th>Exercise procedure</th>
<th>Measurement procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facing Forward</td>
<td>Stand and breathe normally, without talking, for 30 seconds.</td>
<td>Face forward, while holding breath for 10 seconds.</td>
</tr>
<tr>
<td>Bending Over</td>
<td>Bend at the waist, as if going to touch his or her toes, for 30 seconds.</td>
<td>Face parallel to the floor, while holding breath for 10 seconds.</td>
</tr>
<tr>
<td>Head Shaking</td>
<td>For about three seconds, shake head back and forth vigorously several times while shouting.</td>
<td>Face forward, while holding breath for 10 seconds.</td>
</tr>
</tbody>
</table>
REDON 1
Remove the respirator mask, face forward, while holding loosened all facepiece straps, breath for 10 seconds.
and then redon the respirator mask.

REDON 2
Remove the respirator mask, face forward, while holding loosened all facepiece straps, breath for 10 seconds.
and then redon the respirator mask again.

Exercises are listed in the order in which they are to be administered.

Overall Fit Factor = \( \frac{\text{Number of exercises}}{1/\text{ff}_1 + 1/\text{ff}_2 + 1/\text{ff}_3 + 1/\text{ff}_4 + 1/\text{ff}_5 + 1/\text{ff}_6 + 1/\text{ff}_7 + 1/\text{ff}_8} \)

Where \( \text{ff}_1, \text{ff}_2, \text{ff}_3, \text{ff}_4, \text{ff}_5, \text{ff}_6, \text{ff}_7, \text{ff}_8 \) are the fit factors for exercises 1, 2, 3, etc.

(2) After completing the test exercises, the test administrator must question each test subject regarding the comfort of the respirator. When a test subject states that the respirator is unacceptable, the employer must ensure that the test administrator repeats the protocol using another respirator model.

(3) Employers must determine the overall fit factor for each test subject by calculating the harmonic mean of the fit testing exercise as follows:

Overall Fit Factor = \( \frac{N}{1/\text{FF}_1 + 1/\text{FF}_2 + \ldots + 1/\text{FF}_N} \)
### Table A–I. — CNP REDON Quantitative Fit Testing Protocol

<table>
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</tr>
<tr>
<td>REDON 1</td>
<td>Remove the respirator mask, loosen all facepiece straps, and then redon the respirator mask.</td>
<td>Face forward, while holding breath for 10 seconds.</td>
</tr>
<tr>
<td>REDON 2</td>
<td>Remove the respirator mask, loosen all facepiece straps, and then redon the respirator mask again.</td>
<td>Face forward, while holding breath for 10 seconds.</td>
</tr>
</tbody>
</table>

1Exercises are listed in the order in which they are to be administered.

Where: N = The number of exercises; FF1 = The fit factor for the first exercise; FF2 = The fit factor for the second exercise; and FFN = The fit factor for the nth exercise.

\[
\text{Overall Fit Factor} = \frac{N}{[1/\text{FF}_1 + 1/\text{FF}_2 + \ldots + 1/\text{FF}_N]}
\]

(c) CNP REDON Test Instrument. When administering the CNP REDON protocol to test subjects, employers must comply with the CNP test instrument requirements specified in section I.C.4.(c) of this appendix.
OSHA – User Seal Check Procedures (Mandatory)
Standard 1910.134 Appendix B-1

The individual who uses a tight-fitting respirator is to perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on. Either the positive and negative pressure checks listed in this appendix, or the respirator manufacturer's recommended user seal check method shall be used. User seal checks are not substitutes for qualitative or quantitative fit tests.

I. Facepiece Positive and/or Negative Pressure Checks

A. Positive pressure check. Close off the exhalation valve and exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air at the seal. For most respirators this method of leak testing requires the wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.

B. Negative pressure check. Close off the inlet opening of the canister or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the facepiece collapses slightly, and hold the breath for ten seconds. The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the facepiece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

II. Manufacturer's Recommended User Seal Check Procedures

The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures provided that the employer demonstrates that the manufacturer's procedures are equally effective.
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.
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 CPR Certification Card (HEALTH CARE PROVIDERS) throughout duration of program.
- Hepatitis B Surface Antigen Test
- Hepatitis B vaccine series, if surface antigen is positive (or signed declination form)
- PPD Mantoux /TB Test Annually (May require chest radiograph if previously positive PPD Mantoux/TB test)
- MMR
- Tetanus - Diphtheria (Tetanus every 10 years)
- Varicella (Chicken Pox)
- Health Sciences Orientation (every 2 years)
  - HIPAA Training
  - HIV/AIDS Training
  - Prevention of Medical Errors
  - Domestic Violence Training
  - Infection Control Training
  - TB with Mask Fit
  - Human Trafficking
  - Interprofessional Education

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

Hepatitis B Vaccine:

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

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

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

GULF COAST STATE COLLEGE - HEALTH SCIENCES DIVISION

Physical Examination is One Portion of Official Acceptance into the Program

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

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

NAME: Last  First  Middle
DOB:  HEIGHT:  WEIGHT:  BLOOD PRESSURE:  PULSE:

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

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

HISTORY OF

Allergies (Medical / Environmental)  
YES  NO  IF YES, PROVIDE DESCRIPTION  CORRECTIVE ACTION TAKEN

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:  Please Explain:

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

The student meets the following lifting requirements (Check as Appropriate):

Lift 25 lbs (ADN, CNA, PN, SS, DA, DH & Respiratory Therapy); Lift 50 lbs (Sonography); Lift 70 lbs (PTA); Lift with Assistance (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, CLEAR / NOT CLEAR 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

101

401
GULF COAST STATE COLLEGE - HEALTH SCIENCES
REPORT OF IMMUNIZATIONS FORM

Health Sciences Program (circle one):

ADN (RN)  BSN  CNA  PN  DA  DH  PTA  Radiography  Respiratory Therapy  Sonography  Surgical Services

NAME: Last: ___________________________ First: ___________________________ MI: ______________

DIRECTIONS: Have this form completed by your Healthcare Provider or Health Department Staff.
Upload the completed form to your CastleBranch account.
The requirements on this form must be completed before the first day of classes or as specified by your program. The Bay County Health Department is open for immunizations from 8:00 a.m. - 4:00 p.m., Monday – Friday; their telephone number is 850-872-4455.

Part 1:
Annual Tuberculosis (TB) / Mantoux Test
Date: ___________________________ Results: ___________________________

If history of positive TB test, obtain additional TB / Mantoux Test Form from GCSC to provide documentation from healthcare provider indicating clearance to participate in patient care.

Part 2:
Hepatitis B Vaccine: Required unless the student signs the declination statement below.
Recommended if vaccination is more than 10-years old.

First Vaccine: ___________________________
Date: ___________________________

Second Vaccine: ___________________________
Date: ___________________________

Third Vaccine: ___________________________
Date: ___________________________

Titer: ___________________________
Date: ___________________________
Results: ___________________________
Recommendation: ___________________________

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’s Signature for Declination only: ___________________________
Date: ___________________________

Part 3:
A. Tetanus, Diphtheria, Pertussis (TDap) (Tetanus must be within 10 years)
Date: ___________________________

B. Measles, Mumps & Rubella
Required documentation two doses of live-measles-containing vaccine or positive titer, documentation of prior physician-diagnosed measles disease, or laboratory evidence of measles immunity for students born in or after 1957. Students can be admitted after receiving first dose.

Dose #1 Date: ___________________________ Dose #2 Date: ___________________________
OR Positive titer date ___________________________ OR history of disease (year) ___________________________

C. Poliomyelitis (ALL STUDENTS MUST HAVE PROOF OF ORAL POLIO OR POLIO VACCINE)

Dose #1 Date: ___________________________ Dose #2 Date: ___________________________ Dose #3 Date: ___________________________ Dose #4 Date: ___________________________

D. Chickenpox (Varicella)
Dose #1 Date: ___________________________ Dose #2 Date: ___________________________
OR Positive titer date ___________________________ OR history of disease (year) ___________________________

PLEASE PRINT: Health Department Staff/Primary Care Provider

ADDRESS:

SIGNATURE OF: Health Department Staff/Primary Care Provider

By signing below, I verify that the above information is a true and accurate documentation of my immunization history.

☐ Student’s Signature: ___________________________
Date: ___________________________
## Section I: Complete if obtaining an annual TB test with history of positive results.

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

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

OR

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

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

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

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

Signature and Title of Healthcare Provider________________________ Date__________________

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
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</tbody>
</table>

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

**Submitting Student Signature:** ____________________________ Date: ____________________________
INFECTION CONTROL/HAZARD CONTROL POLICY INTRODUCTION:

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

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

PURPOSE:

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

This will be achieved by:

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

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

A. Standard Precautions:

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

B. Personal Hygiene:

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

1. Hair must be neat, pulled back, and away from the face.
2. Facial hair will be covered with a face mask or shield.
3. No head, neck or hand jewelry of any kind should be worn during treatment procedures.
4. Fingernails will be natural, clean, short, and unpolished.
C. **Hand Washing:**
   According to the US Centers for Disease Control (CDC), "handwashing is the single most important procedure for preventing the spread of infection." Hand washing is mandatory (1) before treatment, (2) between patients, (3) after glove removal, (4) during treatment if infection control policy is violated, and (5) before leaving the treatment area.

D. **Personnel Protection Equipment (PPE):**
   Routine use of appropriate barrier devices will be used since blood, saliva, and gingival fluids from ALL dental patients must be considered infectious.

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

2. **Masks and Eyewear**
   Disposable masks with the appropriate filtration based on the task AND protective eyewear (face shields) will be worn. A new disposable mask is to be worn for each patient treatment session. Protective eyewear should be provided for the patient's use. Both sets of eyewear should be cleaned between uses, being certain not to handle them with unprotected hands until they have been decontaminated. Protective eyewear should NOT be worn (or stored) on top of the head, nor should masks be hanging from one ear or pushed down below the chin/neck area. A new mask/cloth mask and/or non-contaminated protective eyewear may be permitted into the reception room/desk area (any area with carpet) or the break room (*Cuspid Café*).

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

4. **Laundering Protocol:**
   Workers should protect themselves from potential cross infection from soiled linen by wearing appropriate protective equipment (e.g. gloves and gowns or aprons) when handling soiled linen. Clean linen should be stored separately from soiled items/coats. All bacteria can be eliminated even in the absence of detergent by higher temperatures (60°C/140°F) for 10 minutes. If lower temperature water is used for laundry cycles, chemicals suitable for low temperature washing, at the appropriate concentrations, should be used. Use complete wash and rinse cycles.

   - Damp linens should not be left in the washer overnight.
   - Blankets/Pillows should be laundered separate from soiled lab coats.
   - Specific procedural steps are posted in the Dental Clinic Laundry Room (HS 149).
4. **Needle Recapping and Sharps Disposal**
   To prevent needle-stick injuries, needles are **NOT** to be recapped by moving the needle towards a body part, especially a hand. Needle recapping devices (located in each operatory) or the appropriate one handed “scoop” technique should be utilized when recapping needles. Used needles are to be disposed of in an appropriate puncture-resistant container and should not be purposefully bent or broken after use. Containers should be located as close as possible to an area of operation. Empty anesthetic cartridges can be disposed of in these same containers.

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

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

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

G. **Patient Treatment:**
   1. **Handwashing**
      Wash hands as previously outlined and don glove. Once gloved, touch only the patient and barrier covered areas or areas that have been properly cleaned and disinfected.
2. **Charting**
   Do not touch the record with contaminated gloves. If an entry has to be made in the record during treatment, it should be entered by an assistant who is not wearing contaminated gloves, OR the information is documented on a laminated copy of the patient evaluation form to be transferred to the permanent record following patient dismissal. The laminated copy is then cleaned and disinfected with an EPA-registered tuberculocidal disinfectant.

3. **Radiographic Procedures**

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

**Conventional Film/ScanX plates**

**F.** Place film mount under the plastic barrier on the counter work space

**G.** Place the film packets/plates with a sealed barrier envelope on the plastic barrier.

**Digital Sensor**

**H.** Assemble digital remote to computer and digital sensor to remote.

**I.** Place disposable sheath over the digital sensor NOTE: ensure you have the correct size sheath to match the digital sensor.
Infection Control (During Procedure)

Seat patient; ask patient to remove items that may interfere with imaging (glasses, partial(s), retainer, lip/nose jewelry, hat, hairpins & earrings if taking Pano., etc. and store accordingly)
A. Adjust chair and headrest
B. Store patient chart and paperwork in cabinet
C. Perform appropriate handwashing before placement of lead apron/thyroid shield
D. Obtain and put on clean examination gloves
E. If using sterile image holding devices correctly open package.
F. Assemble the image receptor into appropriate holding device
G. Expose appropriate image(s)
H. Remove image receptor from holding device.

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

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

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

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

ScanX Phosphor Plate
1. Remove excess saliva if necessary with a paper towel.
2. Remove barriers from the plates and place plates into the transfer box with the label side up and close the lid.
3. Dispose of contaminated barriers.
4. Disinfect the transfer box.
5. Remove gloves.
6. Wash hands.
7. Remove thyroid/lead apron from the patient.
8. Transport the transfer box AND the plastic bin next to ScanX scanner.
9. Have the patient wait in the operatory during processing.

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

### Infection Control (During Processing)

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

#### ScanX Phosphor Plate
- Feed the plates one at a time in each of the slot. NOTE: make sure “a” is down with the label side towards you.
- Don gloves/put on clean examination gloves.
- Disinfect plates in needed.
- Remove the plates from the scanner and place new barriers on the plates. The plates need to go in with the label side visible and the “a” toward the sealed edge.
Infection Control (After Patient Dismissal)

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

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

5. High-speed Evacuation System
   High-speed evacuation should be used at all possible times when using the high-speed handpiece, water spray, ultrasonic scaler or air polishers or during a procedure that could cause splatter.
   Rationale: appropriate use of high-speed evacuation systems has been shown to reduce splatter and droplets.

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

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

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

H. Patient Dismissal:

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

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

Protocol:

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

I. Instrument Sterilization:

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

All re-usable items that cannot be heat sterilized must be thoroughly cleaned and appropriately treated with ethylene oxide or an EPA-registered sterilant according to manufacturer's instructions specified for sporicidal activity. Any use of a chemical disinfectant agent for infection control purposes that is not EPA-registered as a dental instrument sterilant/disinfectant is unacceptable.
• Utility gloves must be worn when handling contaminated items.
• Any contaminated item used intra-orally will be pre-cleaned in the Instrument Dental Thermal Disinfector system (per manufacturer's instructions), rinsed, dried, and packaged for sterilization.
• Disinfect all plastic instrument trays with an EPA registered hospital grade disinfectant solution.
• Metal impression trays are scrubbed or ultrasonically cleaned, packaged, and sterilized in the autoclave.
• Appropriate sterilization pouches should be selected according to the size of the instrument.
• Internal indicators should be dated, initialed and placed on the inside of the pouch. The pouch should be sealed. On the outside of the pouch, write the date, contents, sterilizer number and student initials.
• When taping packages closed, the tape length should be 2.5 times the width of the bag to allow the tape to wrap around and seal upon itself.
• Cloth wraps require a double thickness of wrap and tape as recommended.
• All sterilization pouches should be visually inspected to ensure that instruments have been through the sterilization cycle. Internal indicators should also be inspected to verify steam penetration of internal area of pouch.
• Pouches/packs suspected of being contaminated or stored beyond expiration date (30 days from date of packaging) must be re-cleaned, re-packaged and re-sterilized.
• If packaging appears to be compromised, (i.e. wet and/or torn/punctured), the instruments should be re-cleaned, re-packaged and re-sterilized.
• Sterilized packs will be stored in a closed cabinet or drawer.
• Sterilizers will be monitored weekly with a biological spore indicator test. Results will be recorded.

J. Environmental Surface and Equipment Cleaning and Disinfection:

1. Many blood- and saliva-borne disease-causing microorganisms such as Hepatitis B virus, HIV virus, and Mycobacterium tuberculosis can remain viable for many hours--even days--when transferred from an infected person to environmental surfaces within dental operatories and other clinical areas. Since subsequent contact with these contaminated surfaces can expose others to such microbes and may result in disease transmission, adequate measures must be used in each clinical area to control possible transmission from contaminated surfaces.

2. A practical and effective method for routinely managing operatory surface contamination between patients is to use disposable blood/saliva impermeable barriers, such as plastic film and aluminum foil, to shield surfaces from direct and indirect exposure. Removal of blood, saliva, and microbes is accomplished by routinely changing surface covers between patients.

3. Thorough cleaning and proper disinfection between patients are necessary for those covered operatory surfaces that are routinely touched and become contaminated during patient treatment. An appropriate "Standard Operating Procedure" addressing cleaning and disinfection is part of the academic institution's guidelines.

4. Only those chemical disinfectants that are EPA-registered, hospital-level mycobactericidal agents capable of killing both lipophilic and hydrophilic virus at use dilution, are considered acceptable agents for environmental surface disinfection. Use of any chemical agent not so approved is unacceptable.
5. The surface disinfectant solution is to be applied with a "squirt, wipe, squirt" technique.
   a. Saturate a 4X4 with an EPA-registered, hospital-level mycobactericidal disinfectant.
   b. Wipe clean the surface using 4X4 gauze squares (no starch).
   c. Re-saturate additional 4X4 gauze squares and wipe surfaces a second time; allow solution to
      remain for the recommended time interval.

K. Biomedical/Infectious Waste Disposal:

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

1. All disposable item(s) saturated with saliva, blood, or body fluids shall be considered biomedical
   waste. Biomedical waste items must be placed in a designated red biomedical waste bag, placed
   into an instrument tub for transport, and taken to the sterilizing area to be disposed of immediately
   into the biomedical waste container.

2. Contaminated needles and other contaminated sharps shall not be recapped, bent, or removed by
   hand. Recapping devices or a scoop technique may be used to cover the exposed needle in order to
   return instruments to sterilization area.

3. All sharps should be disposed of as soon as possible from the time of use and at the point origin.
   Sharps containers are located in each operatory and in the sterilization galley.

4. ALL biomedical materials are picked up and disposed of by Brooks Environmental at regularly
   scheduled intervals.

L. Dental Laboratory Infection Control:

1. Clean linen should be stored separately from soiled items/gowns. Soiled/contaminated gowns
   should be placed inside the solid red can lined with red infectious waste bag. When directed by the
   Course Coordinator, the filled laundry container shall be transferred to the Dental Clinic laundry
   room for appropriate laundering. Specific procedural instructions are posted on the laundry
   container in HS 109.

2. Used masks should be disposed of in waste receptacle.

3. Safety glasses should be washed after each session with a mild detergent soap and replaced
   in appropriate location.

4. Impressions should be thoroughly cleaned (i.e. blood and bioburden removed), disinfected with
   an EPA-registered hospital disinfectant with a tuberculocidal claim, and thoroughly rinsed before
   being handled in the in-office laboratory.

5. Alginate and polyether impressions should be kept wet during the required disinfecting time.

6. Laboratory items used on contaminated or potentially contaminated appliances, prostheses, or other
   material should be heat-sterilized, disinfected between patients, or discarded.

7. Contaminated items that cannot withstand heat-sterilization should be cleaned and disinfected
   between patients and according to manufacturer's instructions.
IV. IONIZING RADIATION POLICY

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

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

2. Operator Safety:
   a. Operators will remain 6 feet and/or at a 90 degree angle or behind a lead barrier from the primary beam during all radiographic exposures.
   b. Only the patient, with the operator visibility, is permitted in the operatory when radiographs are taken. Children of adult patients must remain in the reception area.
   c. The operator will not, under any circumstances, hold an image receptor in a patient's mouth during a radiographic exposure.
   d. The operator will not, under any circumstances, hold or stabilize the x-ray tubehead during a radiographic exposure. If the equipment is not stable, notify a faculty member. Relocate to an x-ray unit that is stable.
   e. The operator will not stand in direct line with the primary beam.
   f. The operator will not expose a radiograph when another patient, student, faculty member or any other person is within 6 feet of the primary beam.
   g. The operator may, only under exceptional circumstances and with faculty permission, allow someone to hold an image receptor in a patient's mouth (never on a manikin). The patient's guardian or parent may be used to assist IF they are draped with a lead apron. Faculty, students, and staff will not under any circumstances be asked to hold an image receptor in a patient's mouth.
   h. The operator will not expose a panoramic radiograph if any person is within 4 feet of the tubehead.
   i. X-ray machines must be powered off when not in use.

3. Patient Safety:
   a. The medical history must be reviewed, vital signs must be taken, and faculty approval must be given prior to exposing radiographs.
   b. All radiographs taken for a given patient should meet the Guidelines for Prescribing Dental Radiographs and must have documentation noting prescription by a licensed Dentist designating radiographs needed.
   c. Computed digital radiography (CDR) will be employed as the preferred method for patient radiographic exposure. If CDR is not possible, the fastest film speed will be utilized.
   d. When available/feasible square collimation will be used.
   e. A thyroid collar and lead apron will be used whenever possible, for all intraoral radiographic procedures, regardless of age. Per manufacturer's specifications, a lead apron is not necessary for the digital ProMax radiographic unit.
   f. The patient must always remain in view of the operator during all exposure.
   g. A record of radiation exposure of each patient will be documented in the patient's chart.
h. All radiographic images acquired on patients must be interpreted by a licensed Dentist.
i. All radiographs of pregnant women will be delayed until after delivery unless an emergency exists and a dentist has determined that radiographs are required.
j. Retakes on a patient must only be taken when the radiograph is undiagnostic. All retakes on a patient must be supervised by a faculty member. If the retake is not successful, a faculty member will retake the radiograph.

4. Quality Assurance:
The following techniques are employed in order to assure the production of high-quality diagnostic radiographs which minimizes patient exposure.

a. Projection Techniques
i. Students must successfully pass a written test on radiation hygiene and safety and demonstrate competency for intraoral images on a manikin before exposing radiographs on a patient.
ii. There will be direct supervision on all radiographs taken on all patients during the DES 1200L and DES1201L courses.
iii. Retakes for diagnostic purposes only will be taken. An area that is not fully covered on a particular image but seen in another image need not be re-exposed. Some technical errors such as slight cone cuts, elongations, foreshortenings, etc., even though not technically perfect, may still provide an image of diagnostic quality.
iv. Once the retakes are determined by student and instructor, image(s) should be taken by the student under the supervision of the faculty member covering clinic. It is the student's responsibility to inform the faculty member when the retakes are scheduled to be taken.
v. Retakes taken by students are limited to 5 for a FMX, 2 for HBWX's or VBWX's and 1 PANO or occlusal radiographic image. Retakes above and beyond the limits established above, which are needed for diagnosis and treatment, shall be taken by a Faculty member.
vi. Corrected retakes are mounted in a separate mount (film)/separate exam (digital) labeled as "retakes" and used (with initial exposures) to completely evaluate technique. Secure duplicate retake films in a clearly labeled envelope sealed with tape.
vii. Film holders and alignment devices will be used to aid students in the correct alignment of the x-ray PID and area of interest.
viii. Parameters for Exposure guides are located by each individual control panel.
ix. All mounts must be clearly identified with patient and operator name, type of series, date of image exposure, and clinic name (GCSC). Do not use red or other pencils which cannot be easily read. If nothing else is available, affix a label on the film mount.
x. If available, previous images should be reviewed prior to taking intraoral radiographs to evaluate the need for over-angulation (long rooted teeth), additional coverage (for third molars), or other images (occlusal, extraoral).
xi. Strict aseptic technique will be enforced, with each student held responsible for the disinfection of the x-ray room and the sterilization of intraoral receptor holding devices. Students will wear the appropriate personal protective clothing to include gown, mask, gloves, and safety glasses.
xii. During patient treatment, the most current radiographic images must be displayed on the viewbox (film) or computer monitor (digital images).
b. Evaluation of Radiographic Equipment and Supplies
   i. All x-ray machine performance standards are monitored through annual procedures performed by the Bureau of Radiation Control (Tallahassee, FL).
   ii. All patient film is to be stored in the dispensary area. Film will be stored in a safe temperature and used according to age sequence. Out-of-date film will never be used on patients.
   iii. When not in use, all digital equipment is secured in a locked digital cabinet or dental operatory.
   iv. Instructions for processing radiographs and process maintenance procedures are displayed in the darkroom. If the films are too dark or too light, the exposure technique and/or processing procedure for that particular machine will be evaluated and corrected.
   iv. The Radiography Course Coordinator will check the processing systems on all radiography days. A log is kept for routine monitoring of processor maintenance and solution changes.

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

These recommendations are subject to clinical judgment and may not apply to every patient. They are to be used by dentists only after reviewing the patient’s health history and completing a clinical examination. Even though radiation from dental radiographs is low, once a decision to obtain radiographs is made it is the dentist’s responsibility to follow ALARA Principle (As Low as Reasonably Achievable) to minimize the patient’s exposure.

<table>
<thead>
<tr>
<th>TYPE OF ENCOUNTER</th>
<th>PATIENT AGE AND DENTAL DEVELOPMENTAL STAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child with Primary Dentition (prior to eruption of first permanent tooth)</td>
<td>Adolescent with Permanent Dentition (prior to eruption of third molars)</td>
</tr>
<tr>
<td>Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic exam at this time.</td>
<td>Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic examination is preferred when the patient has clinical evidence of generalized dental disease or a history of extensive dental treatment.</td>
</tr>
<tr>
<td>New patient* being evaluated for oral diseases</td>
<td>Recall patient * with clinical caries or at increased risk for caries**</td>
</tr>
<tr>
<td>Recall patient * with no clinical caries and not at increased risk for caries**</td>
<td>Posterior bitewing exam at 12-24 month intervals if proximal surfaces of primary teeth cannot be examined visually or with a probe.</td>
</tr>
<tr>
<td>Recall patient * with periodontal disease</td>
<td>Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be identified clinically.</td>
</tr>
<tr>
<td>Patient (New and Recall) for monitoring of growth and development, and/or assessment of dental/skeletal relationships</td>
<td>Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development or assessment of dental and skeletal relationships</td>
</tr>
<tr>
<td>Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring in these conditions.</td>
<td></td>
</tr>
</tbody>
</table>

From: American Dental Association, U.S. Food & Drug Administration. The Selection of Patients For Dental Radiograph Examinations. Available on [www.ada.org](http://www.ada.org)

Document created: Revised 2012
Clinical situations for which radiographs may be indicated include but are not limited:

A. Positive Historical Findings
   1. Previous periodontal or endodontic treatment
   2. History of pain or trauma
   3. Familial history of dental anomalies
   4. Postoperative evaluation of healing
   5. Remineralization monitoring
   6. Presence of implants, previous implant-related pathology or evaluation for implant placement

B. Positive Clinical Signs/Symptoms
   1. Clinical evidence of periodontal disease
   2. Large or deep restorations
   3. Deep carious lesions
   4. Malposed or clinically impacted teeth
   5. Swelling
   6. Evidence of dental/facial trauma
   7. Mobility of teeth
   8. Sinus tract ("fistula")
   9. Clinically suspected sinus pathology
   10. Growth abnormalities
   11. Oral involvement in known or suspected systemic disease
   12. Positive neurologic findings in the head and neck
   13. Evidence of foreign objects
   14. Pain and/or dysfunction of the temporomandibular joint
   15. Facial asymmetry
   16. Abutment teeth for fixed or removable partial prosthesis
   17. Unexplained bleeding
   18. Unexplained sensitivity of teeth
   19. Unusual eruption, spacing or migration of teeth
   20. Unusual tooth morphology, calcification or color
   21. Unexplained absence of teeth
   22. Clinical tooth erosion
   23. Peri-implantitis

** Factors increasing risk for caries may include but are not limited to:
   1. High level of caries experience or demineralization
   2. History of recurrent caries
   3. High titers of cariogenic bacteria
   4. Existing restoration(s) of poor quality
   5. Poor oral hygiene
   6. Inadequate fluoride exposure
   7. Prolonged nursing (bottle or breast)
   8. Frequent high sucrose content in diet
   9. Poor family dental health
   10. Developmental or acquired enamel defects
   11. Developmental or acquired disability
   12. Xerostomia
   13. Genetic abnormality of teeth
   14. Many multisurface restorations
   15. Chemo-radiation therapy
   16. Eating disorders
   17. Drug/alcohol abuse
   18. Irregular dental care

Document created: Revised 2012
**PREGNANCY POLICY**

The purpose of the policy is to ensure that students are aware of the potential dangers of ionizing radiation/chemical exposure to a fetus, understands the correct protective measures needed for protection of the fetus, and to allow for *voluntary* disclosure of pregnancy.

It is our recommendation that any student who becomes pregnant while enrolled in either of the dental programs, voluntarily disclose to their respective coordinator (DA/DH) as early as possible.

**In order to provide the maximum degree of support and protection for the student and fetus, it is important for the student to:**

1. Voluntarily notify the Program Coordinator(s) and/ or appropriate faculty in writing as soon as she becomes aware of her pregnancy.

2. Submit a statement from her physician verifying the pregnancy and the expected due date, special precautions, and any physical limitations.

3. Schedule appointments with the Program Coordinator(s) and/ or appropriate faculty for counseling related to the impact of radiation/chemical exposure to the unborn fetus and the ability of the student to participate in all aspects of the dental program.

4. The students should not be considered for radiographs (as a patient) and must wear a radiation monitoring badge at all times while in the clinical areas. Pregnant students will continue to treat any/all patients regardless of patient health status in accordance with the dental programs published clinic policies.

5. If for any reason the student chooses not to enroll in a particular course, program reapplication will be the only option. All students, whether pregnant or not, must follow standard precautions, comply with all clinic rules/regulations regarding patient care and participate in student rotations.

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

STERILIZER

Weekly:

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

1. **CLEAN EXTERNAL SURFACES**
   (a) Wipe with a soft dry cloth and occasionally with a damp cloth and mild soap or detergent.

2. **CLEAN INTERNAL SURFACES**
   (a) Drain water from reservoir using drain tube located on front of unit. *(Failure to change water promotes growth of algae in reservoir and may cause sterilizer to malfunction).*
   (b) Using a mild soap or *Speed-Clean Sterilizer Cleaner* and distilled water, wash inside of chamber, trays, door gasket, and door gasket mating surface. Examine door gasket for possible damage that could prevent a good sealing surface.
   (c) Refill reservoir with clean, distilled water.
   (d) Record in maintenance log

Monthly:

1. **Flush System**
   (a) Drain reservoir and fill with clean, distilled water then add one (1) ounce (29.6 CC) of *Speed Clean Sterilizer Cleaner* to a cool chamber.
   (b) Run one PACKS cycle (30 minute cycle at 250°F {121°C}). Instruments should not be sterilized while cleaning the sterilizer.
   (c) Drain reservoir then refill reservoir with clean, distilled water and run one UNWRAPPED cycle (3 minute cycle at 270°F {132°C}).
   (d) Drain reservoir and allow sterilizer to cool to room temperature.
   (e) Remove door and dam gaskets from gasket housing channel. Clean channel and gaskets using a mild soap or *SpeedClean Sterilizer Cleaner* and clean, distilled water. A small stiff bristle brush will aid procedure. After cleaning gaskets, inspect for cracks, cuts, shrinking, or swelling and replace if necessary. Press gasket into the channel and reinstall dam gasket.
   (f) Remove trays, tray rack, and tray plate. This is accomplished by grasping tray plate on both sides and gently lifting up and pulling outward. The tray rack and tray plate should slide out of chamber together.
   (g) Locate chamber filter on bottom of chamber. Grasp chamber filter and pull upwards while twisting slightly. *(A pair of pliers may be used if filter is stuck).* The filter may be cleaned with mild soap or *Speed-Clean Sterilizer Cleaner* and clean, distilled water. A small stiff bristle brush or ultrasonic cleaner may be helpful to remove foreign objects from filter surface. Rinse filter with clean, distilled water. **NOTE - If cleaning methods do not effectively clean the filter, replacement may be necessary. Insert filter into hole in chamber bottom while pressing downwards and twisting slightly. EQUIPMENT ALERT - DO NOT OPERATE STERILIZER WITHOUT FILTER IN PLACE.*
Biological Monitoring (Weekly)

CDC Guidelines for Dental Healthcare Settings

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

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

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

Because chemical indicator test results are received when the sterilization cycle is complete, they can provide an early indication of a problem and where in the process the problem might exist. If either mechanical indicators or internal or external chemical indicators indicate inadequate processing, items in the load should not be used until reprocessed (134).
Biological indicators (BIs) (i.e., spore tests) are the most accepted method for monitoring the sterilization process (278,279) because they assess it directly by killing known highly resistant microorganisms (e.g., Geobacillus or Bacillus species), rather than merely testing the physical and chemical conditions necessary for sterilization (243). Because spores used in BIs are more resistant and present in greater numbers than the common microbial contaminants found on patient-care equipment, an inactivated BI indicates other potential pathogens in the load have been killed (280).

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

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

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

**BIOLOGICAL MONITORING PROCEDURE:**

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

**ULTRASONIC CLEANER MAINTENANCE SCHEDULE**

Dental Assisting – Operative Instruments (Daily)
Dental Hygiene – Removable Prosthetics (Weekly)

1. Completely drain solution from ultrasonic reservoir.
2. Thoroughly rinse out reservoir with warm water.
3. Wipe outside of unit with disinfectingsolution.
4. Refill reservoir with recommend enzymatic solution/water to appropriate level.
5. Record in maintenance log

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

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

**RADIOLOGY EQUIPMENT MAINTENANCE**

*Air Techniques - A/T 2000 Plus*

**Maintenance Procedures**

**Operation Review (DAILY)**

1. Check fixer and developerbottles  
   - fill if needed  
   - be sure feed lines are securely in bottles
2. Turn on H₂O Supply
3. Power switch on
4. Panel display  
   - Temp  
   - Normal Speed  
   - Power  
   illuminates
5. 20 min →  
   - Ready illuminates  
   - Temperature should be 82º F
6. Run through a cleaning film at normal speed daily  
   - pick up deposits left on rollers overnight

If no films have been processed in last 2 hours, run another cleaning film through.

**End of Day**

Turn Power and water off  
Don’t open lid → causes excessive oxidation and shortens the life of the chemicals.
**Hints for GCSC A/T 2000 Plus:**

- Do not use extreme outside slots (films may fall off rollers)
- When using double films, place opposite from each other in slots – this will result in 2 piles of films (originals and duplicates)
- Handle films by the edges
- Hold film until roller “grabs” it……do NOT push it in
- Open film (show emulsion). Develop with light on and observe appearance of film – explain
- Dispose of lead foils in red bag
- Straighten out bent films before developing

**Operation Review (WEEKLY)**

**Clean Rack Assemblies**

- Power off
- Unplug line cord
- Remove cover (lift by lid)
- Unlock latch
- Lift rack assembly straight up and to side (don’t drip chemistry into adjacent tanks)
- Place in sink
- Rinse with H₂O
- Spray with Formula 2000
- Color coded sponges corresponding with chemicals
- Rotate gears and don’t forget side plates
- Rinse well with H₂O to remove cleaner
- Drain rack
- Slowly lower to avoid splashing
- Lock latches
- Reassemble cover
- Power cables
- Power on
- Run clean film

**Developer color**

- Teak = normal
- Black = contaminated

**Operation Review (MONTHLY)**

1. Clean rack assemblies (see weekly procedures)
2. **Change chemistry**
   - **Important** - Drain and rinse several times

The following is the same for developer tank, fixer tank and rinse tank:

- Unscrew and remove drain tube (drain)
- Replace drain tube and fill tank with H₂O
• Clean tank with sponge
• Fill and drain again with H2O
• Repeat the above steps three (3) times (drain, fill, drain, fill, drain, fill).
• Replace all drain tubes
• Flush out chemistry agitators at bottom of fixer and developer tanks
• Fill developer and fixer tank with H2O
• Reassemble cover and power cables and turn on H2O
• Press manual start
• Cycle is started without chemistry being added (2 min.)
• After 2 min. turn off power and remove drain tubes
• Drain tanks
• Wipe each tank dry with separate paper towel or sponge
• Fill tanks
  * Fixer tank first (avoid dripping/splashing) (wipe up!)
  - it only takes one (1) drop of fixer to contaminate developer!!!)

Operation Review (QUARTERLY)
1. Clean rack assemblies
2. Clean tanks and rinse well
3. Use Formula 2000
4. Fresh Chemistry

Fill fixer tank with H2O and replace rack → Drain and remove racks
Fill developer tank with H2O and replace rack → Drain and remove racks
Replace drain tubes

Ready for 2000 Formula
1. Pour component one into empty developer tank
   - Add cold H2O to ¼ inch below fill line
   - Pour component two across width of tank and immediately add H2O to fill line
   - Activates Formula 2000
2. Dip racks into solution and install rack in tank
3. Press manual start → 10 min. process
4. Wipe rollers and rack assemblies with sponge (above solution level)
5. Run cycle twice if very soiled
6. Remove and clean rack assemblies and set aside
7. Drain developer and fixer tanks
8. Fill developer and fixer tanks with H2O
9. Replace cover
10. Power on
11. Manual start (2 min.) (Flush chemical agitators)
12. Power off
13. Drain developer and fixer tanks
14. Turn on H2O supply
15. Fill with H2O
16. Power on
17. After 2 min. turn power off (Flushes out any Formula 2000 that may have gotten into replenisher lines)
18. Drain and refill tanks with H₂O again
19. Drain again
20. Wipe tanks dry
21. Fill tanks with chemistry
22. Reassemble processor
23. Run cleaning film

*Wash tank usually just needs rinsed, but can use Formula 2000 if tank is really dirty.
- Turn off H₂O
- Block drain tube weep hole with special rubber washer provided (prevents tank from draining during cleaning process)

**Remember to remove washer following cleaning process!**

Turn on H₂O

Results: Years of performance with Top Quality Films!!
COMMISSION ON DENTAL ACCREDITATION

The GCSC Dental Assisting and Dental Hygiene Programs are fully accredited by the American Dental Association Commission on Dental Accreditation (CODA).

The most recent accreditation was in 2019; the next on-site evaluation of the GCSC Dental Programs is scheduled for 2027.

Filing a Complaint with the American Dental Association Commission on Accreditation

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

To file a complaint, write to the Commission at the address below. A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1.800.621.8099 Ext. 4653.
These documents should be reviewed, signed in blue/black ink and returned to the Program Coordinator

- Attendance Policy Acknowledgement and Agreement
- Drug/Alcohol Policy – Statement of Understanding
- Hepatitis B Vaccine Declination (only if declining HBV vaccine)
- Notice of Privacy Practices
- Pregnancy Policy
- GCSC Model Release
- Authorization to Release Social Security Information
- Authorization to Release Personal Information
- Program Manual – Statement of Understanding
- Technical Standards

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.
GULF COAST
STATE COLLEGE
SINCE 1957

Division of Health Sciences
Drug/Alcohol Policy

STATEMENT OF UNDERSTANDING

I, ________________________________, have received, read, and 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.
HEPATITIS B VACCINE DECLINATION

Informed refusal by employee/student

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. I have been given the opportunity to acquire the vaccination prior to participation in the Dental Programs at GCSC. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with the hepatitis B vaccine, I can choose to pursue the vaccination series.

Witness

Signature

Name

Address

City, State, Zip Code

Date

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

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

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

Student’s Name

__________________________________________
(Please Print)

Student’s Signature

__________________________________________

Today’s Date

__________________________________________

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

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

Dental students:

1. Voluntarily notify the Program Coordinator(s) and/or appropriate faculty in writing as soon as she becomes aware of her pregnancy.

2. Submit a statement from her physician verifying the pregnancy and the expected due date, special precautions, and any physical limitations.

3. Schedule appointments with the Program Coordinator(s) and/or appropriate faculty for counseling related to the impact of radiation/chemical exposure to the unborn fetus and the ability of the student to participate in all aspects of the dental program.

4. The students should not be considered for radiographs (as a patient) and must wear a radiation monitoring badge at all times while in the clinical areas. Pregnant students will continue to treat any/all patients regardless of patient health status in accordance with the dental programs published clinic policies.

5. If for any reason the student chooses not to enroll in a particular course, program reapplication will be the only option. All students, whether pregnant or not, must follow standard precautions, comply with all clinic rules/regulations regarding patient care and participate in student rotations.

I HAVE READ AND UNDERSTAND THIS POLICY.

Student’s Name: ________________________________  (Please Print)

Student’s Signature ___________________________  Date: ______________

Faculty Supervisor  ________________________________
GCSC Model Release

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

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

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

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

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

Name ___________________________ Date ___________________________

Address ___________________________ City, State and Zip Code ___________________________

Telephone Number ___________________________

SIGNATURE ___________________________ WITNESS ___________________________
Authorization for Release of Social Security Number

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

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

I refuse the release of my social security number. I understand that without the release of my social security number I will not be able to apply for authorization into required clinical training areas, nor will I be able to apply for licensure or certification as a graduate of the Health Sciences Program.

Printed name of the student _______________________________  Social Security Number _______________________________

Signature of student _______________________________  Date _______________________________

Faculty Signature _______________________________  Health Sciences Program _______________________________

Form Distribution: Original to Enrollment Services, student’s permanent record
Copy to Health Sciences program, student’s record
Authorization for Release of Personal Information

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

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

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

Printed name of the student ___________________________ GCSC Student Identification Number ___________________________

Signature of student ___________________________ Date ___________________________

Faculty Signature ___________________________ Date Received ___________________________
DENTAL PROGRAMS
Statement of Receipt and Understanding

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

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

I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at risk for acquiring Hepatitis B virus (HBV), the Flu, COVID-19 or other infectious diseases. Hepatitis B virus is largely preventable through vaccination. I have been advised to obtain vaccinations against Hepatitis B and the Flu and I am required to provide the Dental Department with results of an annual Tuberculosis (TB) test prior to participating in any clinical courses. Additionally, I am required to complete the Attestation Form and temperature log for COVID-19 on Castlebranch. I understand that I will provide for my own health coverage related to any expense(s) involved in complying with immunization requirements.

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

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

Student/Employee Name: 
(Please Print)

Student/Employee Signature: __________________________

Date

Program Coordinator's Signature: __________________________

Date
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.

<table>
<thead>
<tr>
<th>TECHNICAL STANDARD</th>
<th>DEFINITION</th>
<th>EXAMPLES OF NECESSARY ACTIVITIES (Not All Inclusive)</th>
</tr>
</thead>
</table>
| 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  
• 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 |
| Critical Thinking        | Critical thinking ability sufficient for clinical judgment; synthesize information from written material and apply knowledge to clinical situations | • 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 |
| Interpersonal            | Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, educational, cultural, and intellectual backgrounds | • Explain treatment procedures  
• Initiate patient education  
• Document and interpret treatment actions and patient responses |
| Communication            | Communication abilities sufficient for interaction with others in verbal and non-verbal form (speech, reading, and writing) | • 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 |
| Mobility                 | Physical abilities sufficient to move from room to room, to maneuver in small spaces and to perform procedures necessary for emergency intervention | • 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 |
| Motor Skills             | Gross and fine motor abilities sufficient to provide safe and effective dental care | • Hear monitor alarms, emergency signals, and cries for help  
• Hear tape recorded transcriptions  
• Hear telephone interactions  
• Hear audible stethoscope signals during blood pressure screenings |
| 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 | • Observe patient responses  
• Identify and distinguish colors  
• Accurately read mm markings on small dental instruments  
• Perform palpation, functions of physical examination and/or those related to therapeutic intervention  
• 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 for up to 9 hours per day. |

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_______________________________________
DENTAL ASSISTING PROGRAM 2020-2021
**PURPOSE OF DENTAL ASSISTING MANUAL**

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

The objectives in the development of this Manual are to:

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

Congratulations!

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

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

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

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

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

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

Sincerely,

Laurie Womble  
Laurie Womble, CDA, BHS  
Dental Assisting Coordinator  
Gulf Coast State College
GULF COAST STATE COLLEGE
DENTAL ASSISTING PROGRAM

PROGRAM PHILOSOPHY:

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

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

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

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

MISSION:

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

OBJECTIVES:

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

To be loyal to my employer, my calling, and myself;
To develop initiative - having the courage to assume responsibility and the imagination to create ideas and develop them.
To be 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 a co-worker - creating a spirit of cooperation and friendliness rather than one of fault-finding and criticism.
To be systematic, believing that system makes for efficiency.
To be enthusiastic - for therein lies the easiest way to accomplishment.
To be courteous - for this is the badge of good breeding.
To be tolerant with my associates, for at times I too make mistakes.

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
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 (SOC code 31-9091) 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:

<table>
<thead>
<tr>
<th>OCP</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Teacher Certification</th>
<th>Length</th>
<th>SOC Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>DEA0725</td>
<td>Introduction to Dental Assisting</td>
<td>DENTL ASST @7 7G</td>
<td>90 hours</td>
<td>31-9099</td>
</tr>
<tr>
<td>B</td>
<td>DEA0726</td>
<td>Dental Infection Control Assistant</td>
<td></td>
<td>210 hours</td>
<td>31-9099</td>
</tr>
<tr>
<td>C</td>
<td>DEA0727</td>
<td>Dental Assisting 1</td>
<td></td>
<td>465 hours</td>
<td>31-9091</td>
</tr>
<tr>
<td></td>
<td>DEA0728</td>
<td>Dental Assisting 2</td>
<td></td>
<td>465 hours</td>
<td></td>
</tr>
</tbody>
</table>
**Common Career Technical Core – Career Ready Practices**

Career Ready Practices describe the career-ready skills that educators should seek to develop in their students. These practices are not exclusive to a Career Pathway, program of study, discipline or level of education. Career Ready Practices should be taught and reinforced in all career exploration and preparation programs with increasingly higher levels of complexity and expectation as a student advances through a program of study.

1. Act as a responsible and contributing citizen and employee.
2. Apply appropriate academic and technical skills.
3. Attend to personal health and financial well-being.
4. Communicate clearly, effectively and with reason.
5. Consider the environmental, social and economic impacts of decisions.
6. Demonstrate creativity and innovation.
7. Employ valid and reliable research strategies.
8. Utilize critical thinking to make sense of problems and persevere in solving them.
9. Model integrity, ethical leadership and effective management.
10. Plan education and career path aligned to personal goals.
11. Use technology to enhance productivity.
12. Work productively in teams while using cultural/global competence.
Standards

After successfully completing this program, the student will be able to perform the following:

01.0 Demonstrate knowledge of the dental health care delivery system and dental health occupations.
02.0 Use oral 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 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 blood borne diseases, including HIV/AIDS.
10.0 Demonstrate leadership and teamwork skills needed to accomplish team goals and objectives.
11.0 Use dental terminology.
12.0 Identify structures and explain functions and pathologies of dental and general head and neck anatomy.
13.0 Identify principles of microbiology and disease prevention and perform infection control procedures.
14.0 Identify, describe, maintain and utilize dental instruments and equipment.
15.0 Record patient assessment and treatment data.
16.0 Identify the functions of pharmacology and anesthesia as they relate to dentistry.
17.0 Identify and perform dental and carpal radiographic procedures.
18.0 Identify properties and uses, and manipulate dental materials.
19.0 Perform chairside assisting for general dentistry and specialty procedures.
20.0 Describe principles and perform techniques of preventive dentistry.
21.0 Perform general dental business office procedures.
22.0 Demonstrate professionalism as a dental team member in the clinical setting.
<table>
<thead>
<tr>
<th>Course Number: DEA0725</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Completion Point: A</td>
</tr>
<tr>
<td>Introduction to Dental Assisting – 90 Hours – SOC Code 31-9099</td>
</tr>
</tbody>
</table>

**01.0 Demonstrate knowledge of the dental health care delivery system and dental health occupations – The student will be able to:**

- **01.01** Identify the basic components of the dental health care delivery system including public, private, government and non-profit.
- **01.02** Describe the various types of dental health care providers and the range of services available.
- **01.03** Describe the composition and functions of a dental health care team.
- **01.04** Identify the general roles and responsibilities of the individual members of the dental health care team.
- **01.05** Identify the roles and responsibilities of the consumer within the dental healthcare system.
- **01.06** Explain the cause and effects of factors that influence the current delivery system of dental healthcare.
- **01.07** Explain the impact of emerging issues including technology, epidemiology, bioethics and socioeconomics on the dental healthcare delivery system.
- **01.08** Discuss the history of dentistry.

**02.0 Use oral 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, a formatting and confidentiality and specific formats of letter.
- **02.05** Recognize components of medical and dental terminology and abbreviations.
- **02.06** Recognize the importance of courtesy and respect for patients and other health care workers and maintain good interpersonal relationships.
- **02.07** Recognize the importance of patient education regarding dental and health care.
<table>
<thead>
<tr>
<th>02.08</th>
<th>Adapt communication skills to varied levels of understanding and cultural orientation including diverse age, cultural, economic, ethnic religious groups.</th>
</tr>
</thead>
<tbody>
<tr>
<td>02.09</td>
<td>Identify psychological considerations influencing communication and behaviors.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>03.0</th>
<th>Describe the legal and ethical responsibilities of the dental healthcare worker – The student will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>03.01</td>
<td>Identify areas of Florida Statute 466 and Rule 64B5-16 FAC and Rule 64B5-25 FAC applicable to practice by the dental health work</td>
</tr>
<tr>
<td>03.02</td>
<td>Explain practices that could result in malpractice, liability, negligence, abandonment, false imprisonment and fraud.</td>
</tr>
<tr>
<td>03.03</td>
<td>Demonstrate procedures for accurate documentation and record keeping.</td>
</tr>
<tr>
<td>03.04</td>
<td>Interpret healthcare facility policy and procedures.</td>
</tr>
<tr>
<td>03.05</td>
<td>Explain the patients' &quot;Bill of Rights.&quot;</td>
</tr>
<tr>
<td>03.06</td>
<td>Identify and implement standards of the Health Insurance Portability and Accountability Act (HIPAA).</td>
</tr>
<tr>
<td>03.07</td>
<td>Distinguish between express, implied and informed consent.</td>
</tr>
<tr>
<td>03.08</td>
<td>Explain the laws governing harassment, labor and employment.</td>
</tr>
<tr>
<td>03.09</td>
<td>Differentiate between legal and ethical issues in dentistry.</td>
</tr>
<tr>
<td>03.10</td>
<td>Describe a Code of Ethics consistent with the dental assisting profession.</td>
</tr>
<tr>
<td>03.11</td>
<td>Identify and compare personal, professional and organizational ethics.</td>
</tr>
<tr>
<td>03.12</td>
<td>Recognize the limits of authority and responsibility of dental health care workers including legislated scope of practice.</td>
</tr>
<tr>
<td>03.13</td>
<td>Recognize and report illegal and/or unethical practices of dental health care workers.</td>
</tr>
<tr>
<td>03.14</td>
<td>Recognize and report abuse including domestic violence and neglect.</td>
</tr>
<tr>
<td>03.15</td>
<td>Identify resources to victims of domestic violence.</td>
</tr>
<tr>
<td>03.16</td>
<td>Explain risk management.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>04.0</th>
<th>Demonstrate an understanding of general anatomy and physiology and apply wellness and disease concepts – The student will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>04.01</td>
<td>Develop a basic understanding of the structure and function of the body systems</td>
</tr>
<tr>
<td>04.02</td>
<td>Identify common disorders related to each of the body systems.</td>
</tr>
<tr>
<td>04.03</td>
<td>Explain basic concepts of positive self-image, wellness and stress.</td>
</tr>
<tr>
<td>04.04</td>
<td>Develop a wellness and stress control plan that can be used in personal and professional life.</td>
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<tr>
<td>05.0</td>
<td>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:</td>
</tr>
<tr>
<td>05.01</td>
<td>Describe personal and jobsite safety rules and regulations that maintain safe and healthy work environments.</td>
</tr>
<tr>
<td>05.02</td>
<td>Identify and describe methods in medical error reduction and prevention in the dental healthcare setting.</td>
</tr>
<tr>
<td>05.03</td>
<td>Demonstrate an understanding of personal safety procedures based on Occupations Safety and Health Administration (OSHA) and Centers for Disease Control (CDC) regulations (including standard precautions).</td>
</tr>
<tr>
<td>05.04</td>
<td>Recognize Safety Data Sheets (SDS) and comply with safety signs, symbols and labels.</td>
</tr>
<tr>
<td>05.05</td>
<td>Demonstrate procedures for the safe transport and transfer of patients.</td>
</tr>
<tr>
<td>05.06</td>
<td>Describe fire safety, disaster and evacuation procedures.</td>
</tr>
<tr>
<td>05.07</td>
<td>Explain emergency procedures to follow in response to workplace accidents.</td>
</tr>
<tr>
<td>05.08</td>
<td>Demonstrate handwashing and the use of personal protective equipment used in dentistry.</td>
</tr>
<tr>
<td>06.0</td>
<td>Recognize and respond to emergency situations – The student will be able to:</td>
</tr>
<tr>
<td>06.01</td>
<td>Take and record vital signs.</td>
</tr>
<tr>
<td>06.02</td>
<td>Describe legal parameters relating to the administration of emergency care.</td>
</tr>
<tr>
<td>06.03</td>
<td>Obtain and maintain training or certification in cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), foreign body airway obstruction (FBAO) and first aid.</td>
</tr>
<tr>
<td>07.0</td>
<td>Use information technology tools – The student will be able to:</td>
</tr>
<tr>
<td>07.01</td>
<td>Define terms and demonstrate basic computer skills.</td>
</tr>
<tr>
<td>07.02</td>
<td>Interpret information from electronic medical documents.</td>
</tr>
<tr>
<td>08.0</td>
<td>Explain the importance of employability skills – The student will be able to:</td>
</tr>
<tr>
<td>08.01</td>
<td>Identify personal traits or attitudes desirable in a member of the healthcare team.</td>
</tr>
<tr>
<td>08.02</td>
<td>Exemplify basic professional standards of dental healthcare workers as they apply to hygiene, dress, language, confidentiality and behavior (i.e. telephone etiquette, courtesy and self-introductions).</td>
</tr>
<tr>
<td>08.03</td>
<td>Maintain a career portfolio to document knowledge, skills, and experience.</td>
</tr>
<tr>
<td>08.04</td>
<td>Write an appropriate resume.</td>
</tr>
<tr>
<td>08.05</td>
<td>Conduct a job search and complete a job application form correctly.</td>
</tr>
<tr>
<td>08.06</td>
<td>Demonstrate competence in job interview techniques.</td>
</tr>
<tr>
<td>08.07</td>
<td>Examine levels of education, credentialing requirements including licensure and certification, employment opportunities, workplace environments and career growth potential.</td>
</tr>
<tr>
<td>08.08</td>
<td>Examine licensing, certification, and industry credentialing requirements.</td>
</tr>
</tbody>
</table>

**09.0** Demonstrate knowledge of blood borne diseases, including HIV/AIDS – The student will be able to:

| 09.01 | Recognize emerging diseases and disorders. |
| 09.02 | Distinguish between fact and fallacy about the transmission and treatment of diseases caused by blood borne pathogens including Hepatitis B. |
| 09.03 | Identify "at risk" behaviors that promote the spread of diseases caused by blood borne pathogens and the public education necessary to combat the spread of these diseases. |
| 09.04 | Identify community resources and services available to the individuals with diseases caused by blood borne pathogens. |
| 09.05 | Apply infection control techniques designed to prevent the spread of diseases caused by blood borne pathogens to the care of all patients following Centers for Disease Control (CDC) guidelines. |
| 09.06 | Demonstrate knowledge of the legal aspects of AIDS, including testing. |

**10.0** Demonstrate leadership and teamwork skills needed to accomplish team goals and objectives – The students will be able to:

| 10.01 | Analyze attributes and attitudes of an effective leader. |
| 10.02 | Recognize factors and situations that may lead to conflict. |
| 10.03 | Demonstrate effective techniques for managing team conflict. |

**Course Number: DEA0726**  
**Occupational Completion Point: B**  
**Dental Infection Control Assistant – 210 Hours – SOC Code 31-9099**

**11.0** Use dental terminology -- The student will be able to:

| 11.01 | Identify and define common dental terms. |
| 11.02 | Demonstrate the use of proper dental terminology in the dental environment. |

**12.0** Identify structures and explain functions and pathologies of dental and general head and neck anatomy -- The student will be able to:

| 12.01 | Identify structures and functions of head and neck anatomy including bones, muscles, sinuses, salivary glands, lymph nodes, nerves, and blood vessels. |
| 12.02 | Identify embryonic development of head, oral cavity, and teeth. |
| 12.03 | Identify teeth and their landmarks, and the morphological characteristics of each individual tooth. |
| 12.04 | Describe the histological components of the head, oral cavity, and elements of the teeth and supporting structures. |
| 12.05 | Recognize and describe oral pathological conditions, related to the teeth and their supporting structures. |
| 12.06 | Recognize and describe developmental anomalies related to the teeth, face, and oral structures. |
| 12.07 | Describe and differentiate between normal and malocclusion. |
| 12.08 | Discuss the adverse effects of the use of alcohol, tobacco, and both legal and illegal drugs on the oral cavity. |

**13.0 Identify principles of microbiology and disease prevention and perform infection control procedures -- The student will be able to:**

| 13.01 | Differentiate between pathogenic and non-pathogenic microorganisms. |
| 13.02 | Describe pathogens and modes of disease transmission. |
| 13.03 | Differentiate between aseptic and non-aseptic environments. |
| 13.04 | Describe and apply methods of cleaning, disinfection, and sterilization. |
| 13.05 | Identify chemicals and their uses for controlling the spread of disease in the dental environment. |
| 13.06 | Identify and practice the current CDC guidelines for infection control in dental healthcare settings. |
| 13.07 | Describe the duties of the dental office safety coordinator. |
| 13.08 | Demonstrate compliance with the OSHA Bloodborne Pathogens Standard (29CFR-1910.1030) applicable to the dental office environment. |
| 13.09 | Identify and manage hazardous chemicals and biomedical wastes in accordance with the OSHA Hazard Communications Standard (29CFR-1910.1200), 64E-16 F.A.C., and Environmental Protection Agency regulations. |
| 13.10 | Define principles of infection control including standard and transmission based precautions. |
| 13.11 | Demonstrate knowledge of dental asepsis. |
| 13.12 | Implement appropriate handwashing procedures and use of protective barriers. |
| 13.13 | Demonstrate knowledge of surgical asepsis and isolation. |

**14.0 Identify, describe, maintain and utilize dental instruments and equipment.--The student will be able to:**

| 14.01 | Identify various types, functions and operations of dental operatory and laboratory equipment. |
| 14.02 | Identify types and functions of operative, restorative, surgical, prosthodontic, 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. |

**Course Number: DEA0727**  
**Occupational Completion Point: C**  
**Dental Assisting 1 – 465 Hours – SOC Code 31-9091**

| 15.0 | Record patient assessment and treatment data -- The student will be able to: |
| 15.01 | Take and record medical-dental histories. |
| 15.02 | Record assessment of existing oral conditions. |
| 15.03 | Record conditions diagnosed by the dentist. |
| 15.04 | Record treatment-related data on the patient’s clinical record. |
| 15.05 | Record treatment plan and treatment in patient’s chart. |
| 15.06 | Perform a visual assessment of existing oral conditions. |
| 15.07 | Distinguish between and report subjective and objective information. |
| 15.08 | Report relevant information in order of occurrence. |

<p>| 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. |
| 16.02 | Distinguish among the five schedules of controlled substances. |
| 16.03 | Record a drug prescription in a patient’s chart. |
| 16.04 | Utilize ratios and proportional problems to calculate prescribed drug dosages. |</p>
<table>
<thead>
<tr>
<th>16.05</th>
<th>Identify drug actions, side effects, indications and contraindications; verify with Physician's Desk Reference or its equivalent.</th>
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<tbody>
<tr>
<td>16.06</td>
<td>Identify common drugs used in dentistry.</td>
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<tr>
<td>16.07</td>
<td>Prepare and apply topical anesthetic agent.</td>
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<tr>
<td>16.08</td>
<td>Identify properties of anesthetics.</td>
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<tr>
<td>16.09</td>
<td>Prepare syringes for the administration of local anesthetics.</td>
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<tr>
<td>16.10</td>
<td>Monitor and identify precautions in the use of nitrous oxide-oxygen conscious sedation.</td>
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<tr>
<td>16.11</td>
<td>Calculate the percentage of nitrous oxide-oxygen delivered during a conscious sedation procedure.</td>
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<tr>
<td>16.12</td>
<td>Identify drugs and agents used for treating dental-related infection.</td>
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<tr>
<td>16.13</td>
<td>Identify and respond to dental office emergencies.</td>
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</table>

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<thead>
<tr>
<th>17.0</th>
<th>Identify and perform dental and carpal radiographic procedures -- The student will be able to:</th>
</tr>
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<tbody>
<tr>
<td>17.01</td>
<td>Describe history, physics and biological effects of ionizing radiation.</td>
</tr>
<tr>
<td>17.02</td>
<td>Identify parts of the X-ray machine including accessories.</td>
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<tr>
<td>17.03</td>
<td>Demonstrate radiologic health protection techniques.</td>
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<tr>
<td>17.04</td>
<td>Describe dark room/processing procedures, mix solutions.</td>
</tr>
<tr>
<td>17.05</td>
<td>Describe the proper disposal of hazardous radiographic waste.</td>
</tr>
<tr>
<td>17.06</td>
<td>Place and expose dental radiographic films or phosphors and digital sensors.</td>
</tr>
<tr>
<td>17.07</td>
<td>Perform extraoral and carpal radiography as required for dental diagnostic procedures.</td>
</tr>
<tr>
<td>17.08</td>
<td>Identify radiographic anatomical landmarks and pathologies.</td>
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<tr>
<td>17.09</td>
<td>Mount radiographic surveys.</td>
</tr>
<tr>
<td>17.10</td>
<td>Describe how to maintain unexposed film inventory and storage.</td>
</tr>
<tr>
<td>17.11</td>
<td>Maintain digitally acquired radiographic images.</td>
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<tr>
<th>18.0</th>
<th>Identify properties and uses, and manipulate dental materials -- The student will be able to:</th>
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<tbody>
<tr>
<td>18.01</td>
<td>Identify properties and uses and manipulate gypsum.</td>
</tr>
<tr>
<td>18.02</td>
<td>Identify properties and uses and manipulate restorative materials.</td>
</tr>
<tr>
<td>18.03</td>
<td>Identify properties and uses and manipulate dental cements.</td>
</tr>
<tr>
<td>18.04</td>
<td>Place and remove matrices as permitted by Florida Statute and Florida Board of Dentistry Rule.</td>
</tr>
<tr>
<td>18.05</td>
<td>Place and remove temporary restorations as permitted by Florida Statute and Florida Board of Dentistry Rule.</td>
</tr>
<tr>
<td>18.06</td>
<td>Identify properties and uses and manipulate impression materials.</td>
</tr>
<tr>
<td>18.07</td>
<td>Make intraoral impressions as permitted by Florida Statute and Florida Board of Dentistry Rule.</td>
</tr>
<tr>
<td>18.08</td>
<td>Identify properties and uses and manipulate acrylics and thermoplastics.</td>
</tr>
<tr>
<td>18.09</td>
<td>Identify properties and uses and manipulate waxes.</td>
</tr>
<tr>
<td>18.10</td>
<td>Perform dental laboratory procedures to include the fabrication of casts, custom trays, and temporary crowns and bridges.</td>
</tr>
<tr>
<td>18.11</td>
<td>Identify and manage hazardous dental materials and wastes in accordance with the OSHA Hazard Communications Standard (29CFR-1910.1200) and Environmental Protection Agency regulations.</td>
</tr>
<tr>
<td>18.12</td>
<td>Employ measurements of time, temperature, distance, capacity, and mass/weight during the manipulation of dental materials.</td>
</tr>
</tbody>
</table>

19.0 Perform chairside assisting for general dentistry and specialty procedures. The student will be able to:

| 19.01 | Describe procedures, equipment, materials, and instrumentation used in the dental specialties to include but not limited to periodontics, endodontics, pedodontics, oral surgery, orthodontics, and prosthodontics. |
| 19.02 | Assemble tray set-ups for general and specialty dental procedures. |
| 19.03 | Assist in general and specialty dental procedures. |
| 19.04 | Perform patient education to include pre- and post-operative instructions as prescribed by a dentist. |
| 19.05 | Describe procedures, equipment, and materials utilized in digital dentistry to include CAD/CAM Technology. |

**Course Number: DEA0728**
**Occupational Completion Point: C**
**Dental Assisting 2 – 465 Hours – SOC Code 31-9091**

20.0 Describe principles and perform techniques of preventive dentistry -- The student will be able to:

| 20.01 | Provide patient preventive education and oral hygiene instruction. |
| 20.02 | Prepare and set up for various preventive procedures. |
| 20.03 | Identify properties and uses of abrasive agents used to polish coronal surfaces and appliances. |
| 20.04 | Perform coronal polish and apply anticariogenic and desensitizing treatments as permitted by Florida Statute and Florida Board of Dentistry Rule. |
| 20.05 | Clean and polish removable dental appliances. |
| 20.06 | Assist with and place dental dams as permitted by Florida Statute and Florida Board of Dentistry Rule. |
| 20.07 | Apply dental sealants as permitted by Florida Statute and Florida Board of Dentistry Rule. |
| 20.08 | Identify the elements of nutrition, basic food groups, and acceptable diets as recommended by the U.S. Department of Agriculture. |
| 20.09 | Identify dietary deficiencies and dietary practices that contribute to the manifestation of symptoms in the oral cavity. |
| 20.10 | Identify community dental resources and services available. |
| **21.0** | Perform general dental business office procedures -- The student will be able to: |
| 21.01 | Maintain appointment control. |
| 21.02 | Maintain an active recall system. |
| 21.03 | Prepare and maintain accurate patient records. |
| 21.04 | Prepare and maintain patient financial records, collect fees. |
| 21.05 | Prepare and maintain office financial records. |
| 21.06 | Prepare and maintain dental office inventory control and purchasing. |
| 21.07 | Demonstrate public relations responsibilities of the secretary/receptionist. |
| 21.08 | Demonstrate skills on office equipment. |
| 21.09 | Maintain the dental business office environment. |
| 21.10 | Receive and dismiss patients and visitors. |
| 21.11 | Demonstrate appropriate patient management/customer service skills. |
| 21.12 | Describe the effect of money management on practice goals. |
| **22.0** | Demonstrate professionalism as a dental team member in the clinical setting -- The student will be able to: |
| 22.01 | Perform dental assisting duties, dental assisting expanded functions, and dental radiographic procedures in a clinical setting under the direct supervision of a licensed dentist. |
| 22.02 | Interact with a professional dental team in the delivery of patient services. |
22.03 Utilize employability skills.
Additional Information

**Laboratory Activities**

Laboratory investigations that include scientific inquiry, research, measurement, problem solving, emerging technologies, tools and equipment, as well as, experimental, quality, and safety procedures are an integral part of this career and technical program/course. Laboratory investigations benefit all students by developing an understanding of the complexity and ambiguity of empirical work, as well as the skills required to manage, operate, calibrate and troubleshoot equipment/tools used to make observations. Students understand measurement error; and have the skills to aggregate, interpret, and present the resulting data. Equipment and supplies should be provided to enhance hands-on experiences for students.

Field Internship Activities: Clinical experiences are integrated with the didactic portion of this program. Clinical experience assisting a dentist must be an integral part of the educational program designed to perfect students’ competence in performing dental assisting functions, rather than to provide basic instruction. The major portion of the students’ time in clinical assignments must be spent assisting with or participating in patient care. Prior to clinical assignments, students demonstrate minimum competence in performing the procedures which they will be expected to perform in their clinical experience.

**Special Notes**

Dental assisting programs accredited by the American Dental Association Commission on Dental Accreditation are required to implement enrollment and admissions criteria that include the selection of adult students with a high school diploma, its equivalent, or an advanced degree.

This program focuses on broad, transferable skills and stresses understanding and demonstration of the following elements of the health care industry; planning, management, finance, technical and production skills, underlying principles of technology, labor issues, community issues and health, safety, and environmental issues.

This program meets the goals of TECH PREP and is based on the model developed by the Allied Health Articulation Task Force.

This program should meet the most current edition of the American Dental Association Accreditation Standards for Dental Assisting Education Programs. For further information, contact: Commission on Dental Accreditation, 211 East Chicago Avenue, Chicago, Illinois 60611.

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.

MyCareerShines is an interactive resource to assist students in identifying their ideal career and to enhance preparation for employment. Teachers are encouraged to integrate this resource into the program curriculum to meet the employability goals for each student. Access MyCareerShines by visiting: www.mycareershines.org.

**Career and Technical Student Organization (CTSO)**

HOSA: Future Health Professionals is the intercurricular career and technical student organization providing leadership training and reinforcing specific career and technical skills. Career and Technical Student Organizations provide activities for students as an integral part of the instruction offered.

**Cooperative Training – OJT**

On-the-job training is appropriate but not required for this program. Whenever offered, the rules, guidelines, and requirements specified in the OJT framework apply.

**Basic Skills**

In PSAV 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: Mathematics 10, Language 10, and Reading 10. 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(7), Florida Statutes, may be exempted from meeting the Basic Skills requirements (Rule 6A-10.040). Students served in exceptional student education (except gifted) as defined in s. 1003.01(3)(a), F.S., may also be exempted from meeting the Basic Skills requirement. Each school district and Florida College must adopt a policy addressing procedures for exempting eligible students with disabilities from the Basic Skills requirement as permitted in Section 1004.91(3), F.S.

Students who possess a college degree at the Associate of Applied Science level or higher; who have completed or are exempt from the college entry-level examination; or who have passed a state, national, or industry licensure exam are exempt from meeting the Basic Skills requirement (Rule 6A-10.040, F.A.C.) Exemptions from state, national or industry licensure are limited to the certifications listed on the Basic Skills and Licensure Exemption List which may be accessed from the CTE Program Resources page.
**Accommodations**

Federal and state legislation requires the provision of accommodations for students with disabilities to meet individual needs and ensure equal access. Postsecondary students with disabilities must self-identify, present documentation, request accommodations if needed, and develop a plan with their counselor and/or instructors. Accommodations received in postsecondary education may differ from those received in secondary education. Accommodations change the way the student is instructed. Students with disabilities may need accommodations in such areas as instructional methods and materials, assignments and assessments, time demands and schedules, learning environment, assistive technology and special communication systems. Documentation of the accommodations requested and provided should be maintained in a confidential file.

Note: postsecondary curriculum and regulated secondary programs cannot be modified.

**Additional Resources**

For additional information regarding articulation agreements, Bright Futures Scholarships, Fine Arts/Practical Arts Credit and Equivalent Mathematics and Equally Rigorous Science Courses please refer to:  
http://www.fldoe.org/academics/career-adult-edu/career-tech-edu/program-resources.shtml
DENTAL ASSISTING PROGRAM GOALS

I. PROFESSIONALISM - To develop a dental assistant who exhibits professionalism, complies with the legal and ethical regulations governing the practice of dental assisting in the state of Florida, and fulfills the local and regional need for dental assistants.

II. HEALTH PROMOTION AND DISEASE PREVENTION - To develop a dental assistant who is competent in the performance and delivery of oral health promotion and disease prevention services in the private sector and public health. Public health is concerned with the promotion of health and prevention of disease through organized community efforts. In the private sector, the dental assistant serves as a team member in the promotion of optimal oral health and its relationship to general health.

III. PATIENT CARE - To develop a dental assistant who competently provides educational and supportive clinical services, demonstrating a sound grasp of basic skills and knowledge in the basic sciences, dental sciences, general education and dental assisting science, while focusing on individualized care including assessment, preventive, and restorative phases of dentistry, as part of a team effort to provide quality oral health care to patients.

DENTAL ASSISTING PROGRAM COMPETENCIES

Domains

1. Core Competencies (C) reflect the ethics, values, skills, and knowledge integral to all aspects of each of the allied dental professions. These core competencies are foundational to the specific roles of each allied dental professional.

2. Health Promotion and Disease Prevention (HP) are key components of health care. Changes within the health care environment require the allied dental professional to have a general knowledge of wellness, health determinants, and characteristics of various patient communities.

3. Community Involvement (CM). Allied dental professionals must appreciate their roles as health professionals at the local, state, and national levels. While the scope of these roles will vary depending on the discipline, the allied dental professional must be prepared to influence others to facilitate access to care and services.

4. Patient Care (PC). Allied dental professionals have different roles regarding patient care. These are reflected in the competencies presented for each discipline. The roles of the allied dental disciplines in patient care are ever-changing, yet central to the maintenance of health. Allied dental graduates must use their skills following a defined process of care in the provision of patient care services and treatment modalities. Allied dental personnel must be appropriately educated in an accredited program and credentialed for the patient care services they provide; these requirements vary by individual jurisdiction.

5. Professional Growth and Development (PGD) reflect opportunities that may increase patients’ access to the oral health care system or may offer ways to influence the profession and the changing health care environment. The allied dental professional must possess transferable skills (e.g., in communication, problem-solving, and critical thinking) to take advantage of these opportunities.
Core Competencies (C)
C.1 Apply a professional code of ethics in all endeavors.
C.2 Adhere to state and federal laws, recommendations, and regulations in the provision of oral health care.
C.3 Use critical thinking skills and comprehensive problem-solving to identify oral health care needs.
C.4 Use evidence-based decision making to evaluate emerging technologies and materials to assist in achieving high-quality, cost-effective patient care.
C.5 Assume responsibility for professional actions and care based on accepted scientific theories, research, and the accepted standard of care.
C.6 Continuously perform self-assessment for lifelong learning and professional growth.
C.7 Integrate accepted scientific theories and research into educational, preventive, and therapeutic oral health services.
C.8 Promote the values of the dental assisting profession through service-based activities, positive community affiliations, and active involvement in local organizations.
C.9 Apply quality assurance mechanisms to ensure continuous commitment to accepted standards of care.
C.10 Communicate effectively with diverse individuals and groups, serving all persons without discrimination by acknowledging and appreciating diversity.
C.11 Record accurate, consistent, and complete documentation of oral health services provided.
C.12 Facilitate a collaborative approach with all patients when assisting in the development and presentation of individualized care plans that are specialized, comprehensive, culturally sensitive, and acceptable to all parties involved in care planning.
C.13 Facilitate consultations and referrals with all relevant health care providers for optimal patient care.
C.14 Manage medical emergencies by using professional judgment, providing life support, and utilizing required CPR and any specialized training or knowledge.

Health Promotion and Disease Prevention (HP)
HP.1 Promote positive values of overall health and wellness to the public and organizations within and outside the profession.
HP.2 Respect the goals, values, beliefs, and preferences of all patients.
HP.3 Identify individual and population risk factors, and develop strategies that promote health-related quality of life.
HP.4 Evaluate factors that can be used to promote patient adherence to disease prevention or health maintenance strategies.
HP.5 Utilize methods that ensure the health and safety of the patient and the oral health professional in the delivery of care.

Community Involvement (CM)
CM.1 Assess the oral health needs and services of the community to determine action plans and availability of resources to meet the health care needs.
CM.2 Provide educational services that allow patients to access the resources of the health care system.
CM.3 Provide community oral health services in a variety of settings.
CM.4 Facilitate patient access to oral health services by influencing individuals or organizations for the provision of oral health care.
CM.5 Evaluate reimbursement mechanisms and their impact on the patient’s access to oral health care.
CM.6 Evaluate the outcomes of community-based programs, and plan for future activities.
CM.7 Advocate for effective oral health care for underserved populations.

**Patient Care (PC)**

*Assessment*
PC.1 Systematically collect, analyze, and record diagnostic data on the general, oral, and psychosocial health status of a variety of patients, using methods consistent with medicolegal principles.
PC.2 Recognize predisposing and etiologic risk factors that require intervention to prevent disease.
PC.3 Recognize the relationships among systemic disease, medications, and oral health that impact overall patient care and treatment outcomes.
PC.4 Identify patients at risk for a medical emergency, and manage the patient care in a manner that prevents an emergency.

*Planning*
PC.5 Select and assemble the appropriate materials and armamentarium for general and specialized patient care.
PC.6 Collaborate with the patient and other health professionals as required to assist in the formulation and presentation of a comprehensive care plan that is patient-centered and based on the best scientific evidence and professional judgment.

*Implementation*
PC.7 Utilize universal infection control guidelines for all clinical procedures.
PC.8 Provide, as directed, restorative procedures that preserve tooth structure, replace missing or defective tooth structure, maintain function, are esthetic, and promote soft and hard tissue health.
PC.9 Provide clinical supportive and intraoral treatments within the parameters of general and specialized patient care.
PC.10 Prevent, identify, and manage medical and dental emergencies.

*Evaluation*
PC.11 Evaluate the effectiveness of the provided services, and modify as needed.

**Professional Growth and Development (PGD)**
PGD.1 Pursue career opportunities within health care, industry, education, research, and other roles as they evolve for the dental assistant.
PGD.2 Develop practice management and marketing strategies to be used in the delivery of oral health care.
PGD.3 Access professional and social networks to pursue professional goals.

*Adapted from the ADEA Competencies for entry into the Allied Dental Professions.*
[http://www.jdentaled.org/content/74/7/769.full.pdf](http://www.jdentaled.org/content/74/7/769.full.pdf)
COMPETENCIES

The curriculum will provide students with knowledge and skills required to perform the following competencies:

1. **DIAGNOSTIC AID SKILLS:**
   a. Take and record medical and dental histories.
   b. Take and record vital signs.
   c. Perform soft tissue examinations.
   d. Chart existing oral conditions.
   e. Expose radiographs.
   f. Make preliminary impressions for study casts.
   g. Make occlusal registration for mounting study casts.

2. **CHAIRSIDE ASSISTING SKILLS:**
   (In the following areas as a part of general dentistry)
   a. Operative dentistry.
   b. Oral surgery.
   c. Periodontics.
   d. Preventive dentistry.
   e. Orthodontics.
   f. Prosthodontics.
   g. Endodontics.
   h. Pedodontics.

3. **CLINICAL SUPPORT SKILLS:**
   a. Effectively manage patients.
   b. Maintain patient treatment records.
   c. Provide postoperative instructions.
   d. Prepare tray set-ups.
   e. Prepare and maintain operatory equipment and instruments.
   f. Practice proper infection control procedures.

4. **PREVENTIVE DENTISTRY SKILLS:**
   a. Provide oral health instructions.
   b. Produce a plaque control score.
   c. Perform basic dietary analysis.

5. **LABORATORY SKILLS:**
   a. Pour, trim, and polish study casts.
   b. Fabricate custom trays.
   c. Fabricate temporary restorations.
   d. Repair, clean, and polish removable appliances.

6. **BUSINESS OFFICE SKILLS:**
   a. Telephone management.
   b. Appointment control.
   c. Bookkeeping entries/balancing.
   d. Completion of third-party reimbursement forms.
   e. Supply inventory maintenance.
   f. Records management.
7. **EMERGENCY PREPAREDNESS SKILLS:**
   a. Obtain certification in Cardiopulmonary Resuscitation.
   b. Assist with management of medical and dental emergencies when indicated.

8. **RADIOGRAPHIC SKILLS:**
   a. Expose, process, mount, and label intraoral films.
   b. Expose, process, and label extraoral films.
   c. Duplicate radiographic films.
   d. Utilize radiation safety procedures.
   e. Critique radiographic films for density, contrast, and detail.

9. **ADVANCED FUNCTIONS SKILLS:**
   a. Polish clinical crowns.
   b. Polish dental restorations.
   c. Apply topical fluoride.
   d. Place and remove rubber dam.
   e. Place and remove matrices.
   f. Place base and varnish/bonding agents.
   g. Place and remove temporary restorations.
   h. Place and remove periodontal dressing.
   i. Place and remove surgical dressing.
   j. Remove sutures.
   k. Make impressions for studycasts.
   l. Apply pit and fissure sealants.
   m. Fabricate temporary crowns.
   n. Cement temporary crowns and bridges and remove excess cement.
   o. Monitor nitrous oxide.
   p. Perform a preliminary charting of existing oral conditions.
   q. Expose and mount dental radiographs.

10. **SUPPORT SKILLS:**
    Demonstrate competency in the following areas:
    a. General studies: oral written communication and psychology.
    b. Biomedical sciences: anatomy and physiology, microbiology, and nutrition.
PROFESSIONAL CREDENTIALS

EXPANDED FUNCTIONS CERTIFICATION:

Students will receive a Florida Expanded Functions certificate upon successful completion of DES 1832 and DES 1832L required for completion of this program. The certificate will include those expanded functions legally delegable to dental assistants as allowed in the state of Florida (Chapter 64B5-16 remediable tasks delegable to dental assistants).

Expanded Functions vary from state to state; therefore a graduate relocating to another state may require re-certification. For more information regarding specific state requirements, please check with the Board of Dentistry for that particular state or visit http://www.danb.org/main/statespecificinfo.asp.

FLORIDA RADIOLOGY CERTIFICATION:

Students will receive a Florida Radiology certificate upon successful completion of DES 1200, DES 1200L, DES1201, and DES 1201L. This certificate is required to legally expose intraoral/extraoral radiographs under direct supervision in the dental office.

Radiology requirements vary from state to state; therefore a graduate relocating to another state may require re-certification. For more information regarding specific state requirements, please with the Board of Dentistry for that particular state or visit http://www.danb.org/main/statespecificinfo.asp.

DENTAL ASSISTING NATIONAL BOARD (DANB) EXAM:

Upon successful completion of the Dental Assisting program at Gulf Coast State College, the student will be eligible to take the Dental Assisting National Board exam to receive the credential of a Certified Dental Assistant (CDA). This credential is required and/or recognized in 38 states across the United States and is mandated for some employment opportunities. Information and applications for the DANB exam will be distributed in the Spring term.

A MOCK national board exam will be administered to assist with preparing students for the DANB exam. All students are required to take this preparatory examination in DEA 0801.

For more information regarding the Dental Assisting National Board (DANB) please visit: https://www.danb.org/
STUDENT AMERICAN DENTAL ASSISTANTS ASSOCIATION (SADAA)

The American Dental Assistants Association is the oldest, largest group representing professional dental assistants. Its members include clinical personnel—those working chairside with the dentist—as well as those on the administrative side: the receptionist, office manager, practice manager and those working behind the scenes in dental product sales, insurance and, of course, educators.

Established over 85 years ago, the ADAA provides continuing education to dental assistants through home study courses, professional journals and local, state and national meetings with educational agendas. It encourages education, registration and certification for dental assisting professionals while providing a network of personal services for its members. Services such as credit cards, insurance programs, salary and other surveys and travel and leisure services.

In most areas, the ADAA is served by the state association and often a local component as well. A membership in the ADAA provides membership in all these—national, state and local.

SADAA is the professional organization that represents the student voice and is open to all students enrolled in an accredited dental assisting program throughout the country. Student membership in the American Dental Assistants Association, SADAA is a category of membership within the American Dental Assistants Association and is dedicated to the advancement and promotion of the career of dental assisting.

For more information, please visit the American Dental Assistants Association at: https://www.adaausa.org/Membership/Who-is-the-DA

MEMBERSHIP DUES:

Student membership applications and dues will be announced and provided within the first few weeks of the fall term. Membership dues are collected and submitted to the ADAA by your faculty advisor. Your membership dues go to the programs and services that directly affect your future success as a dental assistant.

OFFICERS:

The Dental Assisting class elects four (4) officers to conduct the business and social events for the year. The officers are:

- President
- Vice-President
- Secretary
- Treasurer

MANDATORY MEETINGS:

Members of the SADAA organization must regularly attend meetings with the Gulf Coast State College Student Activities Board. Meeting times will be established at the beginning of each semester.
COMMITTEES:
The committee and number of committees will depend upon the specific needs of the class. When a committee is needed or required the president will ask for volunteers or appoint classmates to participate. Some committees might include:

1. Fund raising
2. Pinning ceremony
3. Special projects (Give Kids a Smile, Veteran’s Stand Down)
4. Program approved social events

SADAA FACULTY ADVISOR:
A faculty advisor will be available to the members for advice and counsel for all activities. All SADAA planned activities must be pre-approved by the faculty advisor.

Laurie Womble, CDA, BHS
Coordinator of Dental Assisting
lwomble@gulfcoast.edu
Office: HS 108
Phone: (850) 769-1551 ext.5842
Dental Assisting Program Awards/Recognition

Each Year the following awards/recognition may be presented to a graduating student:

**HIGHEST ACADEMIC ACHIEVEMENT AWARD:**
This award is granted to the student with the highest academic performance throughout the Dental Assisting program.

**OUTSTANDING DENTAL ASSISTING STUDENT AWARD:**
This award is presented to the student who has shown leadership and professionalism in the classroom and clinical setting throughout the program. It is a peer based award that is voted on by the faculty and students of the graduating class.

**M.FBUDDY KELLY SCHOLARSHIP:**
This award is based on need in order to help defray costs associated with tuition or other expenses related with school. Applications for the scholarship are generally distributed and collected in the spring term.

**ROBERT L. YOUNG D.M.D SCHOLARSHIP:**
This award is based on need in order to help defray costs associated with tuition or other expenses related with school. Applications for the scholarship are generally distributed and collected in the spring term.
STUDENT SUPPORT

ACADEMIC ASSISTANCE:

The Dental Assisting faculty encourages and supports a comprehensive program of academic counseling for all students. Successful retention of all students is a high priority among the faculty. Recognizing the magnitude and complexity of the course material, every effort is made to identify student deficiencies and to offer/provide a means of remediation or support to successfully retain students.

Mid-term evaluations will be conducted each semester to review student’s progress and/or to identify areas of deficiencies. If any academic or clinical deficiencies are recognized the student will be counseled and suggestions will be made to assist the student improve.

Academic Assistance for the students may include:

**Tutoring Assistance:**

- Student study groups
- Faculty assistance
- GCSC Student Success Workshops
- GCSC TRiO

**Reasonable Accommodations:**

Any student who feels she or he may need an accommodation based on the impact of a disability should contact the Student Accessibility Resources (SAR) at 850-872-3834 or in the Student Union East room 59. The Student Accessibility Resources will coordinate reasonable accommodations for all students with documented disabilities.
READMISSION GUIDELINES

Dental Assisting Program

1. A student who withdraws from or earns a grade lower than a "C" in a Dental Assisting course will not be permitted to continue in the Dental Assisting Program. A student who does not meet the Technical Standards of the program will not be permitted to continue in the program.

2. A student who applies for readmission to the Dental Assisting program must provide significant evidence which suggests the potential for future success in the program. This evidence may address such things as unusual circumstances, remedial study, and/or additional preparation.

3. Readmission to the Dental Assisting program will be dependent upon available resources.

4. In order to be considered for readmission by the Admissions Committee, the applicant must do the following:
   a. Submit a written request (not e-mail) to the Dental Programs Coordinator presenting evidence to justify readmission. This may include letters of recommendation from a previous faculty member or coordinator, additional course work, work experience, etc.
   b. Meet current guidelines for admission to the College and Dental Assisting Program.

5. Readmission may be contingent upon the candidate’s agreeing to audit previously complete course work.
DENTAL HYGIENE
PROGRAM 2020-2021
Dental Hygiene
Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome/Introduction</td>
<td>199</td>
</tr>
<tr>
<td>ADHA Standards for Clinical Dental Hygiene Practice - 2016</td>
<td>201</td>
</tr>
<tr>
<td>Dental Hygiene Oath</td>
<td>222</td>
</tr>
<tr>
<td>Dental Hygiene Program Philosophy, Mission, and Goals</td>
<td>223</td>
</tr>
<tr>
<td>Florida Dept. of Education Curriculum Framework</td>
<td>223</td>
</tr>
<tr>
<td>Readmission Guidelines</td>
<td>239</td>
</tr>
<tr>
<td>Dental Hygiene Program Competencies</td>
<td>241</td>
</tr>
<tr>
<td>Professional Credentials</td>
<td>247</td>
</tr>
<tr>
<td>Dental Hygiene Program Awards/Recognition</td>
<td>251</td>
</tr>
<tr>
<td>Student American Dental Hygienists’ Association (SADHA)</td>
<td>252</td>
</tr>
</tbody>
</table>

The Department of Dental Hygiene prepares students to provide educational, therapeutic, and preventive services to children and adults in a variety of treatment settings. The curriculum is accredited by the American Dental Association’s Commission on Dental Accreditation. Satisfactorily completing requirements qualifies students to apply for the Dental Hygiene National Board Examination and individual state board exams for licensure.

The Gulf Coast State College Dental Hygiene Program Manual is prepared as a working document for students, faculty, and visiting practitioners. The objective in the development of this document is to provide a resource guide for students, faculty, and visiting practitioners.

Please read the manual thoroughly and maintain it as a reference for the duration of your academic career in the Dental Hygiene Program. Any deletion or interpretation not fully covered by the manual will be determined and/or supplemented by the dental hygiene faculty.
Division of Health Sciences
Dental Hygiene Program

Congratulations!

Please accept my sincere welcome to the Gulf Coast State College Dental Hygiene Program! You should be very proud to be part of a truly exceptional group. Our dental facility and experienced faculty make the Gulf Coast State College Dental Hygiene Program an excellent choice. Our Dental Hygiene Program is fully accredited by the American Dental Association Commission on Dental Accreditation.

As a licensed health care professional, the dental hygienist is an important member of the dental team. As a dental hygienist you play an integral role in assisting patients to achieve and maintain optimal oral health. Upon graduation you are eligible to work in any number of health care settings such as private dental offices, schools, and nursing homes.

The faculty and staff of the Dental Hygiene Program are committed to developing oral health care professionals. Our mission is to provide a learning environment that allows you to excel in the classroom and the clinical setting. The dental faculty and staff are very proud of our dental hygiene program and our new state-of-the-art dental facility. I am very excited about this exceptional group and look forward to working with each of you as you begin your dental hygiene career.

Sincerely,

*Miranda Stewart, CDA, CRDH, MS*

Miranda Stewart, CDA, CRDH, MS
Coordinator of Dental Hygiene
Gulf Coast State College
REVISED STANDARDS FOR CLINICAL DENTAL HYGIENE PRACTICE – 2016

HISTORY

One hallmark of a true profession is its willingness to assume responsibility for the quality of care that its members provide. In 1985, the American Dental Hygienists’ Association (ADHA) took a major step toward fulfillment of that responsibility with the development of Applied Standards of Clinical Dental Hygiene Practice.¹ This document is the third revision² to build on those Standards and promote dental hygiene practice based on current and relevant scientific evidence.

INTRODUCTION

The Standards for Clinical Dental Hygiene Practice outlined in this document guide the individual dental hygienist’s practice. Dental hygienists remain individually accountable to the standards set by the discipline and by applicable federal, state, and local statutes and regulations that define and guide professional practice.³ These Standards should not be considered as a substitute for professional clinical judgment. In addition, they should not be confused with the Accreditation Standards for Dental Hygiene Education Programs, which are chiefly concerned with the structure and operation of dental hygiene education programs.⁴

Dental hygienists are valued members of the health care workforce. They have the knowledge, skills, and professional responsibility to provide oral health promotion and health protection strategies for all individuals as well as groups. As licensed professionals, they are accountable for the care and services they provide.

These Standards promote the knowledge, values, practices, and behaviors that support and enhance oral health with the ultimate goal of improving overall health. The primary purpose of the Standards for Clinical Dental Hygiene Practice is to assist dental hygiene clinicians in the provider-patient relationship. In addition, dental hygienists in other professional roles such as educator, researcher, entrepreneur, public health professional, and administrator — as well as those employed in corporate settings — can use these Standards to facilitate the implementation of collaborative, patient-centered care in inter-professional teams of health professionals. This collaboration can occur in a variety of practice settings including community and public health centers, hospitals, school-based programs, long-term care facilities, outreach, and home care programs. The secondary purpose of these Standards is to educate other health care providers, policymakers, and the public about the clinical practice of dental hygiene. The purpose of medical and dental science is to enhance the health of individuals as well as populations. Dental hygienists use scientific evidence in the decision-making process impacting their patient care.
The dental hygienist is expected to respect the diverse values, beliefs, and cultures present in individuals and communities. When providing dental hygiene care, dental hygienists must support the right of the individual to have access to the necessary information and provide opportunities for dialogue to allow the individual patient to make informed care decisions without coercion. Facilitating effective communication might require an interpreter and/or translator based on the patient and practitioner’s need to communicate. Dental hygienists must realize and establish their professional responsibility in accordance with the rights of individuals and groups. In addition, when participating in activities where decisions are made that have an impact on health, dental hygienists are obligated to assure that ethical and legal issues are addressed as part of the decision-making process. Dental hygienists are bound by the Code of Ethics of the American Dental Hygienists’ Association.3

The Standards for Clinical Dental Hygiene Practice provide a framework for clinical practice that focuses on the provision of patient-centered comprehensive care. The Standards describe a competent level of dental hygiene care1,2,4-7 as demonstrated by the critical thinking model known as the dental hygiene process of care.7 As evidenced by ADHA policy6 and various dental hygiene textbooks,8-10 the six components of the dental hygiene process of care include assessment, dental hygiene diagnosis, planning, implementation, evaluation, and documentation (Appendix A). The dental hygiene process encompasses all significant actions taken by dental hygienists and forms the foundation of clinical decision-making.

DEFINITION OF DENTAL HYGIENE PRACTICE

Dental hygiene is the science and practice of recognition, prevention and treatment of oral diseases and conditions as an integral component of total health.11 The dental hygienist is a primary care oral health professional who has graduated from an accredited dental hygiene program in an institution of higher education, licensed in dental hygiene to provide education, assessment, research, administrative, diagnostic, preventive and therapeutic services that support overall health through the promotion of optimal oral health.12 In practice, dental hygienists integrate multiple roles to prevent oral diseases and promote health (Appendix B).

Dental hygienists work in partnership with all members of the dental team. Dentists and dental hygienists practice together as colleagues, each offering professional expertise for the goal of providing optimum oral health care to the public. The distinct roles of the dental hygienist and dentist complement and augment the effectiveness of each professional and contribute to a collaborative environment. Dental hygienists are viewed as experts in their field; are consulted about appropriate dental hygiene interventions; are expected to make clinical dental hygiene decisions; and are expected to plan, implement, and evaluate the dental hygiene component of the overall care plan.7-10 All states define their specific dental hygiene practice scope and licensure requirements.
EDUCATIONAL PREPARATION

The registered dental hygienist (RDH) or licensed dental hygienist (LDH) is educationally prepared for practice upon graduation from an accredited dental hygiene program (associate, post-degree certificate, or baccalaureate) within an institution of higher education and qualified by successful completion of a national written board examination and state or regional clinical examination for licensure. In 1986, ADHA declared its intent to establish the baccalaureate degree as the minimum entry level for dental hygiene practice (Appendix C).7,13-14

PRACTICE SETTINGS

Dental hygienists can apply their professional knowledge and skills in a variety of work settings as clinicians, educators, researchers, administrators, entrepreneurs, and public health professionals, and as employees in corporate settings. The private dental office continues to be the primary place of employment for dental hygienists. However, never before has there been more opportunity for professional growth. Clinical dental hygienists may be employed in a variety of health care settings including, but not limited to, private dental offices, schools, public health clinics, hospitals, managed care organizations, correctional institutions, or nursing homes.6

One example of an innovative, interprofessional practice model was tested by Patricia Braun, MD, MPH, associate professor, Pediatrics and Family Medicine at the University of Colorado Anschutz School of Medicine. This project co-located a dental hygienist in the pediatrician’s office. Co-locating dental hygienists into medical practices is a feasible and innovative way to provide oral health care, especially for those who have limited access to preventive oral health services.14

Another innovative model exists in Oregon, where expanded practice dental hygienists (EPDHs) do not need a collaborative agreement with a dentist to initiate dental hygiene care for populations that qualify as having limited access to care; however, some aspects do require a collaborative agreement.15 EPDHs in Oregon are able to work in a variety of settings,16 such as nursing homes, schools, and as private business owners.14

PROFESSIONAL RESPONSIBILITIES AND CONSIDERATIONS

Dental hygienists are responsible and accountable for their dental hygiene practice, conduct, and decision-making. Throughout their professional career in any practice setting, a dental hygienist is expected to:

- Understand and adhere to the ADHA Code of Ethics
- Maintain a current license to practice, including certifications as appropriate
- Demonstrate respect for the knowledge, expertise, and contributions of dentists, dental hygienists, dental assistants, dental office staff, and other health care professionals
• Articulate the roles and responsibilities of the dental hygienist to the patient, interprofessional team members, referring providers, and others.
• Apply problem-solving processes in decision-making and evaluate these processes.
• Demonstrate professional behavior.
• Maintain compliance with established infection control standards following the most current guidelines to reduce the risks of health-care-associated infections in patients, and illnesses and injuries in health care personnel.
• Incorporate cultural competence17 in all professional interactions.
• Access and utilize current, valid, and reliable evidence in clinical decision-making through analyzing and interpreting the literature and other resources.
• Maintain awareness of changing trends in dental hygiene, health, and society that impact dental hygiene care.
• Support the dental hygiene profession through ADHA membership.
• Interact with peers and colleagues to create an environment that supports collegiality and teamwork.
• Prevent situations where patient safety and well-being could potentially be compromised.
• Contribute to a safe, supportive, and professional work environment.
• Participate in activities to enhance and maintain continued competence and address professional issues as determined by appropriate self-assessment.
• Commit to lifelong learning to maintain competence in an evolving health care system.

**DENTAL HYGIENE PROCESS OF CARE**

The purpose of the dental hygiene process of care is to provide a framework where the individualized needs of the patient can be met; and to identify the causative or influencing factors of a condition that can be reduced, eliminated, or prevented by the dental hygienist.8-10

There are six components to the dental hygiene process of care (assessment, dental hygiene diagnosis, planning, implementation and evaluation, and documentation; see Appendix A).7-10, 18

The dental hygiene diagnosis is a key component of the process and involves assessment of the data collected, consultation with the dentist and other health care providers, and informed decision-making. The dental hygiene diagnosis and care plan are incorporated into the comprehensive plan that includes restorative, cosmetic, and oral health needs that the patient values. All components of the process of care are interrelated and depend upon ongoing assessments and evaluation of treatment outcomes to determine the need for change in the care plan. These Standards follow the dental hygiene process of care to provide a structure for clinical practice that focuses on the provision of patient-centered comprehensive care.
STANDARDS OF PRACTICE

Standard 1: Assessment
The ADHA definition of assessment: The collection and analysis of systematic and oral health data in order to identify client needs.¹⁹

I. Health History

A health history assessment includes multiple data points that are collected through a written document and an oral interview. The process helps build a rapport with the patient and verifies key elements of the health status. Information is collected and discussed in a location that ensures patient privacy and complies with the Health Insurance Portability and Accountability Act (HIPAA).

Demographic information is any information that is necessary for conducting the business of dentistry. It includes but is not limited to address, date of birth, emergency contact information, phone numbers, and names and addresses of the referring/previous dentist and physician of record.

Vital Signs including temperature, pulse, respiration, and blood pressure provide a baseline or help identify potential or undiagnosed medical conditions.

Physical characteristics of height and weight provide information for drug dosing and anesthesia and indicate risk for medical complications. Disproportionate height and weight also combine as a risk factor for diabetes and other systemic diseases that impact oral health and should prompt the practitioner to request glucose levels for health history documentation.

Social history information such as marital status, children, occupation, cultural practices, and other beliefs might affect health or influence treatment acceptance.

Medical history is the documentation of overall medical health. This information can identify the need for physician consultation or any contraindications for treatment. This would include any mental health diagnosis, cognitive impairments (e.g., stages of dementia), behavioral challenges (e.g., autism spectrum), and functional capacity assessment. It would also include the patient’s level of ability to perform a specific activity such as withstanding a long dental appointment as well as whether the patient requires modified positioning for treatment. Laboratory tests such as A1C and current glucose levels may need to be requested if they are not checked regularly.

Pharmacologic history includes the list of medications, including dose and frequency, that the patient is currently taking. This includes but is not limited to any over-the-counter (OTC) drugs or products such as herbs, vitamins, nutritional supplements, and probiotics. The practitioner should confirm any past history of an allergic or adverse reaction to any products.
II. Clinical Assessment
Planning and providing optimal care require a thorough and systematic overall observation and clinical assessment. Components of the clinical assessment include an examination of the head and neck and oral cavity including an oral cancer screening, documentation of normal or abnormal findings, and assessment of the temporomandibular function. A current, complete, and diagnostic set of radiographs provides needed data for a comprehensive dental and periodontal assessment.

A comprehensive periodontal examination is part of clinical assessment. It includes

A. Full-mouth periodontal charting including the following data points reported by location, severity, quality, written description, or numerically:
   1. Probing depths
   2. Bleeding points
   3. Suppuration
   4. Mucogingival relationships/defects
   5. Recession
   6. Attachment level/attachment loss

B. Presence, degree, and distribution of biofilm and calculus

C. Gingival health/disease

D. Bone height/bone loss

E. Mobility and fremitus

F. Presence, location, and extent of furcation involvement

A comprehensive hard-tissue evaluation includes the charting of existing conditions and oral habits, with intraoral photographs and radiographs that supplement the data.

A. Demineralization

B. Caries

C. Defects

D. Sealants

E. Existing restorations and potential needs

F. Implants
G. Anomalies
H. Occlusion
I. Fixed and removable prostheses retained by natural teeth or implant abutments
J. Missing teeth

III. Risk Assessment

Risk assessment is a qualitative and quantitative evaluation based on the health history and clinical assessment to identify any risks to general and oral health. The data provide the clinician with the information to develop and design strategies for preventing or limiting disease and promoting health. Examples of factors that should be evaluated to determine the level of risk (high, moderate, low) include but are not limited to:

A. Fluoride exposure

B. Tobacco exposure including smoking, smokeless/spit tobacco and second-hand smoke

C. Nutrition history and dietary practices including consumption of sugar-sweetened beverages

D. Systemic diseases/conditions (e.g., diabetes, cardiovascular disease, autoimmune, etc.)

E. Prescriptions and over-the-counter medications, and complementary therapies and practices (e.g., fluoride, herbal, vitamin and other supplements, daily aspirin, probiotics)

F. Salivary function and xerostomia

G. Age and gender

H. Genetics and family history

I. Habit and lifestyle behaviors

1. Cultural issues

2. Substance abuse (recreational drugs, prescription medication, alcohol)

3. Eating disorders/weight loss surgery

4. Piercing and body modification

5. Oral habits

6. Sports and recreation (swimming, extreme sports [marathon, triathlon], energy drinks/gels)
J. Physical disability (morbid obesity, vision and/or hearing loss, osteoarthritis, joint replacement)

K. Psychological, cognitive, and social considerations

1. Domestic violence
2. Physical, emotional, or sexual abuse
3. Behavioral
4. Psychiatric
5. Special needs
6. Literacy
7. Economic
8. Stress
9. Neglect

Standard 2: Dental Hygiene Diagnosis

ADHA defines dental hygiene diagnosis as the identification of an individual’s health behaviors, attitudes, and oral health care needs for which a dental hygienist is educationally qualified and licensed to provide. The dental hygiene diagnosis requires evidence-based critical analysis and interpretation of assessments in order to reach conclusions about the patient's dental hygiene treatment needs. The dental hygiene diagnosis provides the basis for the dental hygiene care plan.  

Multiple dental hygiene diagnoses may be made for each patient or client. Only after recognizing the dental hygiene diagnosis can the dental hygienist formulate a care plan that focuses on dental hygiene education, patient self-care practices, prevention strategies, and treatment and evaluation protocols to focus on patient or community oral health needs.

I. Analyze and interpret all assessment data.

II. Formulate the dental hygiene diagnosis or diagnoses.

III. Communicate the dental hygiene diagnosis with patients or clients.

IV. Determine patient needs that can be improved through the delivery of dental hygiene care.
V. Identify referrals needed within dentistry and other health care disciplines based on dental hygiene diagnoses.

**Standard 3: Planning**

Planning is the establishment of realistic goals and the selection of dental hygiene interventions that can move the client closer to optimal oral health. The interventions should support overall patient goals and oral health outcomes. Depending upon the work setting and state law, the dental hygiene care plan may be stand-alone or part of collaborative agreement. The plan lays the foundation for documentation and may serve as a guide for Medicaid reimbursement. Dental hygienists make clinical decisions within the context of legal and ethical principles.

The dental hygiene care plan should be a vehicle for care that is safe, evidence-based, clinically sound, high-quality, and equitable. The plan should be personalized according to the individual’s unique oral health needs, general health status, values, expectations, and abilities. When formulating the plan, dental hygienists should be sensitive and responsive to the patient’s culture, age, gender, language, and learning style. They should demonstrate respect and compassion for individual patient choices and priorities.

I. Identify all needed dental hygiene interventions including change management, preventive services, treatment, and referrals.

II. In collaboration with the patient and/or caregiver, prioritize and sequence the interventions, allowing for flexibility if necessary and possible.

III. Identify and coordinate resources needed to facilitate comprehensive quality care (e.g., current technologies, pain management, adequate personnel, appropriate appointment sequencing, and time management).

IV. Collaborate and work effectively with the dentist and other health care providers and community-based oral health programs to provide high-level, patient-centered care.

V. Present and document dental hygiene care plan to the patient/caregiver.

VI. Counsel and educate the patient and/or caregiver about the treatment rationale, risks, benefits, anticipated outcomes, evidence-based treatment alternatives, and prognosis.

VII. Obtain and document informed consent and/or informed refusal.

**Standard 4: Implementation**

Implementation is the act of carrying out the dental hygiene plan of care. Care should be delivered in a manner that minimizes risk; optimizes oral health; and recognizes issues related to patient comfort including pain, fear, and/or anxiety. Through the presentation of
the dental hygiene care plan, the dental hygienist has the opportunity to create and sustain a therapeutic and ethically sound relationship with the patient.

Depending upon the number of interventions, the dental hygiene care plan may be implemented in one preventive/wellness visit or several therapeutic visits before a continuing or maintenance plan is established. Health promotion and self-care are integral aspects of the care plan that should be customized and implemented according to patient interest and ability.

I. Review and confirm the dental hygiene care plan with the patient/caregiver.

II. Modify the plan as necessary and obtain any additional consent.

III. Implement the plan beginning with the mutually agreed upon first prioritized intervention.

VI. Implement the appropriate self-care intervention; adapt as necessary throughout future interventions.

VII. Confirm the plan for continuing care or maintenance.

VIII. Maintain patient privacy and confidentiality.

IX. Follow up as necessary with the patient (post-treatment instruction, pain management, self-care).

Standard 5: Evaluation

Evaluation is the measurement of the extent to which the client has achieved the goals specified in the dental hygiene care plan. The dental hygienist uses evidence-based decisions to continue, discontinue, or modify the care plan based on the ongoing reassessments and subsequent diagnoses. Evaluation includes reviewing and interpreting the results of the dental hygiene care provided and may include outcome measures that are physiologic (improved health), functional, and psychosocial (quality of life, improved patient perception of care). Evaluation occurs throughout the process as well as at the completion of care.

I. Use measurable assessment criteria to evaluate the tangible outcomes of dental hygiene care (e.g., probing, biofilm control, bleeding points, retention of sealants, etc.).

II. Communicate to the patient, dentist, and other health/dental care providers the outcomes of dental hygiene care.

III. Evaluate patient satisfaction of the care provided through oral and written questionnaires.
IV. Collaborate to determine the need for additional diagnostics, treatment, referral, education, and continuing care based on treatment outcomes and self-care behaviors.

V. Self-assess the effectiveness of the process of providing care, identifying strengths and areas for improvement. Develop a plan to improve areas of weakness.26

**Standard 6: Documentation**

The primary goals of good documentation are to maintain continuity of care, provide a means of communication between/among treating providers, and to minimize the risk of exposure to malpractice claims. Dental hygiene records are considered legal documents and as such should include the complete and accurate recording of all collected data, treatment planned and provided, recommendations (both oral and written), referrals, prescriptions, patient/client comments and related communication, treatment outcomes and patient satisfaction, and other information relevant to patient care and treatment.

I. Document all components of the dental hygiene process of care (assessment, dental hygiene diagnosis, planning, implementation, and evaluation) including the purpose of the patient’s visit in the patient’s own words. Documentation should be detailed and comprehensive; e.g., thoroughness of assessment (soft-tissue examination, oral cancer screening, periodontal probing, tooth mobility) and reasons for referrals (and to whom and follow-up). Treatment plans should be consistent with the dental hygiene diagnosis and include no evidence that the patient is placed at inappropriate risk by a diagnostic or therapeutic procedure.26

II. Objectively record all information and interactions between the patient and the practice (e.g., telephone calls, emergencies, prescriptions) including patient failure to return for treatment or follow through with recommendations.

III. Record legible, concise, and accurate information. For example, include dates and signatures, record clinical information so that subsequent providers can understand it, and ensure that all components of the patient record are current and accurately labeled and that common terminology and abbreviations are standard or universal.

IV. Recognize ethical and legal responsibilities of recordkeeping including guidelines outlined in state regulations and statutes.

V. Ensure compliance with the federal Health Information Portability and Accountability Act (HIPAA). Electronic communications must meet HIPAA standards in order to protect confidentiality and prevent changing entries at a later date.

VI. Respect and protect the confidentiality of patient information.
SUMMARY

The Standards for Clinical Dental Hygiene Practice are a resource for dental hygiene practitioners seeking to provide patient-centered and evidence-based care. In addition, dental hygienists are encouraged to enhance their knowledge and skill base to maintain continued competence. These Standards will be modified based on emerging scientific evidence, ADHA policy development, federal and state regulations, and changing disease patterns as well as other factors to assure quality care and safety as needed.

KEY TERMS

Client: The concept of client refers to the potential or actual recipients of dental hygiene care, and includes persons, families, groups and communities of all ages, genders, socio-cultural and economic states.29

Cultural Competence: the awareness of cultural difference among all populations, respect of those differences and application of that knowledge to professional practice.17

Dental Hygiene Care Plan: an organized presentation or list of interventions to promote the health or prevent disease of the patient’s oral condition. The plan is designed by the dental hygienist and consists of services that the dental hygienist is educated and licensed to provide.5, 7

Evidence-Based Practice: the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual clients. The practice of evidence-based dental hygiene requires the integration of individual clinical expertise and client preferences with the best available external clinical evidence from systematic research.30

Intervention: dental hygiene services rendered to clients as identified in the dental hygiene care plan. These services may be clinical, educational, or health promotion related.29

Interprofessional Team: a group of health care professionals and their patients who work together to achieve shared goals. The team can consist of the dental hygienist, dentist, physician, nutritionist, smoking cessation counselor, nurse practitioner, etc.31

Outcome: result derived from a specific intervention or treatment.

Patient: the potential or actual recipient of dental hygiene care, including persons, families, groups, and communities of all ages, genders, and socio-cultural and economic states.22

Patient-Centered: approaching services from the perspective that the client is the main focus of attention, interest, and activity The client’s values, beliefs, and needs are of utmost importance in providing evidence-based care.32
Risk Assessment: an assessment based on characteristics, behaviors, or exposures that are associated with a particular disease; e.g., smoking, diabetes, or poor oral hygiene. 

REFERENCES


RESOURCES

The following websites can provide evidence upon which to base clinical decisions in compliance with the Commission on Dental Accreditation (CODA) Accreditation Standards for Dental Hygiene Education Programs.


American Dental Association: http://www.ada.org/.


American Heart Association: http://www.americanheart.org/.

Association of State and Territorial Dental Directors: http://www.astdd.org/.

Canadian Dental Hygienists’ Association: www.cdha.org.


http://www.cdc.gov/niosh/homepage.html


Center for Evidence-Based Dentistry: http://www.cebd.org/.

Clinical Trials: http://www.clinicaltrials.gov/.

The Cochrane Collaboration: http://www.cochrane.org/.


Special Care Dentistry: http://www.scdonline.org/.


Appendix A

DENTAL HYGIENE PROCESS OF CARE

There are six components to the dental hygiene process of care. These include assessment, dental hygiene diagnosis, planning, implementation, evaluation, and documentation. The six components provide a framework for patient care activities.


Appendix B

PROFESSIONAL ROLE OF THE DENTAL HYGIENIST

Overview

The dental hygienist plays an integral role in assisting individuals and groups in achieving and maintaining optimal oral health. Dental hygienists provide educational, clinical and consultative services to individuals and populations of all ages in a variety of settings and capacities. The professional roles of the dental hygienist are outlined below.

Clinician
- Dental hygienists in a clinical role assess, diagnose, plan, implement, evaluate and document treatment for prevention, intervention and control of oral diseases, while practicing in collaboration with other health professionals. Examples of clinical employment settings include:
  - Private dental practices
  - Community clinics
  - Hospitals
  - University dental clinics
  - Prison facilities
  - Nursing homes
  - Schools

Corporate
- Corporate dental hygienists are employed by companies that support the oral health industry through the sale of products and services. Leaders throughout the dental industry often employ dental hygienists due to their clinical experience and understanding of dental practice. Examples of corporate employment positions include:
  - Sales representatives
  - Product researchers
  - Corporate educators
  - Corporate administrators

Public Health
- Community health programs are typically funded by government or non-profit organizations. These positions often offer an opportunity to provide care to those who otherwise would not have access to dental care. Examples of positions for dental hygienists in public health settings include:

  - Clinician
    - Rural or inner city community clinics
    - Indian Health Service • Head Start programs
    - School sealant programs

  - Administrator
    - State public health officer
    - Community clinic administrator

Researcher
- Research conducted by dental hygienists can be either qualitative or quantitative. Quantitative research involves conducting surveys and analyzing the results, while qualitative research may involve testing a new procedure, product or theory to evaluate accuracy, effectiveness, etc. Examples of employment settings for dental hygiene researcher positions include:

  - Clinician
    - Colleges and universities
    - Corporations
    - Governmental agencies
    - Nonprofit organizations

  - Administrator
    - Clinical director, state school sealant program
    - Program director, dental hygiene educational program
    - Executive director, state association staff
    - Research administrator, university
    - Director, corporate sales

Educator
- Dental hygiene educators are in great demand. Colleges and universities throughout the U.S. require dental hygiene instructors who use education, theory and methodology to educate competent oral health professionals. Corporations also employ educators who provide continuing education to licensed dental hygienists. Examples of educator positions include:

  - Clinician
    - Clinical instructors
    - Classroom instructors
    - Governmental agencies
    - Nonprofit organizations

  - Administrator
    - Independent clinical practice
    - Professional speaker / writer

Administrator
- Dental hygienists in administrative positions apply organizational skills, communicate objectives, identify and manage resources, and evaluate and modify programs of health, education and health care. Examples of administrative positions held by dental hygienists include:

  - Clinician
    - Corporate educators
    - Clinical instructors
    - Classroom instructors
    - Governmental agencies
    - Nonprofit organizations

Entrepreneur
- By using imagination and creativity to initiate or finance new commercial enterprises, dental hygienists have become successful entrepreneurs in a variety of businesses. Some examples of business opportunities developed by dental hygienists include:

  - Practice management company
  - Product development and sales
  - Employment service
  - CE provider or meeting planner
  - Consulting business
  - Founder of a nonprofit
  - Independent clinical practice
  - Professional speaker / writer
Appendix C

EDUCATIONAL PATH FOR ENTRY INTO THE PROFESSION

Dental hygienists must complete an accredited educational program to qualify for licensure in a particular state or region. Dental hygienists are licensed with the credential of Registered Dental Hygienist (RDH) or Licensed Dental Hygienist (LDH) following completion of an academic program that includes didactic and clinical requirements.

PROFESSIONAL SPECIALIZATION

Dental hygienists can further their academic credentials after earning a certificate, associate, and/or baccalaureate degree. A dental hygienist can continue their educational advancement by enrolling in a variety of Master's level programs which provides eligibility for a Doctoral level degree.

Appendix D

DIRECT ACCESS 2016

The American Dental Hygienists’ Association (ADHA) defines direct access as the ability of a dental hygienist to initiate treatment based on their assessment of a patient’s needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship (ADHA Policy Manual, 13-15).

States that permit direct access to dental hygienists
Revised April 2016 www.adha.org
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
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 professional 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.”


3. To prepare students for licensure in the field of dental hygiene.

4. To prepare students for certification in the Florida Expanded Functions.

5. To meet the job market requirements of the community and the employment needs of the students

6. To provide counseling and encouragement for students to continue their education through lifelong learning.
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 SOC Code-29-2021 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.
**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.
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 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 blood borne diseases, including HIV/AIDS
10.0 Demonstrate leadership and teamwork skills needed to accomplish team goals and objectives
11.0 Perform expanded functions for the 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 properties and uses, and manipulate dental materials
16.0 Describe the legal and ethical responsibilities of the dental hygienist
17.0 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
18.0 Identify and explain principles of microbiology, disease transmission, disease prevention, and perform infection control procedures
19.0 Identify and explain usage, administration, indications, contraindications, adverse reactions and precautions of pharmaceutical and anesthetic agents used in the treatment of dental disease
20.0 Describe principles and perform techniques of preventive dentistry
21.0 Perform patient assessment
22.0 Perform direct patient services and competently provide dental hygiene process of care for the child, adolescent, adult and geriatric patient as well as the special needs patient
23.0 Implement and evaluate community health interventions and research activities
Refer to Rule 6A-14.030 (4) F.A.C., for the minimum amount of general education coursework required in the Associate of Science (AS) degree. At the completion of this program, the student will be able to:

Dental Hygiene Students completing the following intended outcomes (1-23) have met the requirements of the Dental Hygiene Program and qualify to make application for the Dental Hygiene National Board and state licensure examinations.

<table>
<thead>
<tr>
<th>01.0</th>
<th>Demonstrate knowledge of the dental health care delivery system and dental health occupations – The student will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.01</td>
<td>Identify the basic components of the dental health care delivery system including public, private, government and non-profit.</td>
</tr>
<tr>
<td>01.02</td>
<td>Describe the various types of dental health care providers and the range of services available.</td>
</tr>
<tr>
<td>01.03</td>
<td>Describe the composition and functions of a dental health care team</td>
</tr>
<tr>
<td>01.04</td>
<td>Identify the general roles and responsibilities of the individual members of the dental health care team.</td>
</tr>
<tr>
<td>01.05</td>
<td>Identify the roles and responsibilities of the consumer within the dental healthcare system.</td>
</tr>
<tr>
<td>01.06</td>
<td>Explain the cause and effects of factors that influence the current delivery system of dental healthcare.</td>
</tr>
<tr>
<td>01.07</td>
<td>Explain the impact of emerging issues including technology, epidemiology, bioethics and socioeconomics on the dental healthcare delivery system.</td>
</tr>
<tr>
<td>01.08</td>
<td>Discuss the history of dentistry and dental hygiene</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>02.0</th>
<th>Use oral and written communication skills in creating, expressing and interpreting information and ideas – The student will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>02.01</td>
<td>Apply basic speaking and active listening skills including reflection, restatement, and clarification techniques.</td>
</tr>
<tr>
<td>02.02</td>
<td>Develop basic observational skills and related documentation strategies in written and oral form.</td>
</tr>
<tr>
<td>02.03</td>
<td>Identify characteristics of successful and unsuccessful communication including communication styles and barriers.</td>
</tr>
<tr>
<td>02.04</td>
<td>Compose written communication using correct spelling, grammar, formatting and confidentiality and specific formats of letter writing.</td>
</tr>
<tr>
<td>02.05</td>
<td>Recognize components of medical and dental terminology and abbreviations.</td>
</tr>
<tr>
<td>-------</td>
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</tr>
<tr>
<td>02.06</td>
<td>Recognize the importance of courtesy and respect for patients and other health care workers and maintain good interpersonal relationships.</td>
</tr>
<tr>
<td>02.07</td>
<td>Recognize the importance of patient education regarding dental and health care.</td>
</tr>
<tr>
<td>02.08</td>
<td>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.</td>
</tr>
<tr>
<td>02.09</td>
<td>Identify psychological considerations influencing communication and behaviors.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>03.0</th>
<th>Describe the legal and ethical responsibilities of the dental health care worker – The student will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>03.01</td>
<td>Identify areas of Florida Statute 466 and Rule 64B5-16 FAC and Rule 64B5-25 FAC applicable to practice by the dental health workers.</td>
</tr>
<tr>
<td>03.02</td>
<td>Explain practices that could result in malpractice, liability, negligence, abandonment, false imprisonment and fraud.</td>
</tr>
<tr>
<td>03.03</td>
<td>Demonstrate procedures for accurate documentation and record keeping.</td>
</tr>
<tr>
<td>03.04</td>
<td>Interpret healthcare facility policy and procedures.</td>
</tr>
<tr>
<td>03.05</td>
<td>Explain the patients' &quot;Bill of Rights.&quot;</td>
</tr>
<tr>
<td>03.06</td>
<td>Identify and implement standards of the Health Insurance Portability and Accountability Act (HIPAA).</td>
</tr>
<tr>
<td>03.07</td>
<td>Distinguish between express, implied and informed consent.</td>
</tr>
<tr>
<td>03.08</td>
<td>Explain the laws governing harassment, labor and employment.</td>
</tr>
<tr>
<td>03.09</td>
<td>Differentiate between legal and ethical issues in dentistry.</td>
</tr>
<tr>
<td>03.10</td>
<td>Describe a Code of Ethics consistent with the dental hygiene profession.</td>
</tr>
<tr>
<td>03.11</td>
<td>Identify and compare personal, professional and organizational ethics.</td>
</tr>
<tr>
<td>03.12</td>
<td>Recognize the limits of authority and responsibility of dental health care workers including legislated scope of practice.</td>
</tr>
<tr>
<td>03.13</td>
<td>Recognize and report illegal and/or unethical practices of dental health care workers.</td>
</tr>
<tr>
<td>03.14</td>
<td>Recognize signs of abuse and neglect.</td>
</tr>
<tr>
<td>03.15</td>
<td>Demonstrate an understanding of reporting requirements for all types of abuse including domestic violence and neglect for all ages.</td>
</tr>
<tr>
<td>03.16</td>
<td>Identify resources for victims of domestic violence.</td>
</tr>
<tr>
<td>03.17</td>
<td>Explain risk management.</td>
</tr>
</tbody>
</table>
### 04.0 Demonstrate an understanding of general anatomy and physiology and apply wellness and disease concepts – The student will be able to:

<table>
<thead>
<tr>
<th>04.01</th>
<th>Develop a basic understanding of the structure and function of the body systems.</th>
</tr>
</thead>
<tbody>
<tr>
<td>04.02</td>
<td>Identify common disorders related to each of the body systems.</td>
</tr>
<tr>
<td>04.03</td>
<td>Explain basic concepts of positive self-image, wellness, and stress.</td>
</tr>
<tr>
<td>04.04</td>
<td>Describe a wellness and stress control plan that can be used in personal and professional life.</td>
</tr>
</tbody>
</table>

### 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:

<table>
<thead>
<tr>
<th>05.01</th>
<th>Describe personal and jobsite safety rules and regulations that maintain safe and healthy work environments.</th>
</tr>
</thead>
<tbody>
<tr>
<td>05.02</td>
<td>Identify and describe methods in medical error reduction and prevention in the dental healthcare setting.</td>
</tr>
<tr>
<td>05.03</td>
<td>Demonstrate an understanding of personal safety procedures based on Occupations Safety and Health Administration (OSHA) and Centers for Disease Control (CDC) regulations (including standard precautions).</td>
</tr>
<tr>
<td>05.04</td>
<td>Recognize Safety Data Sheets (SDS) and Globally Harmonized System (GHS) labels and comply with safety signs, symbols and labels.</td>
</tr>
<tr>
<td>05.05</td>
<td>Describe procedures for the safe transport and transfer of patients.</td>
</tr>
<tr>
<td>05.06</td>
<td>Describe fire safety, disaster and evacuation procedures.</td>
</tr>
<tr>
<td>05.07</td>
<td>Explain emergency procedures to follow in response to workplace accidents.</td>
</tr>
<tr>
<td>05.08</td>
<td>Demonstrate handwashing and the use of personal protective equipment used in dentistry.</td>
</tr>
</tbody>
</table>

### 06.0 Recognize and respond to emergency situations – The student will be able to:

<table>
<thead>
<tr>
<th>06.01</th>
<th>Take and record vital signs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>06.02</td>
<td>Describe legal parameters relating to the administration of emergency care.</td>
</tr>
<tr>
<td>06.03</td>
<td>Obtain and maintain training or certification in cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), foreign body airway obstruction (FBAO) and first aid.</td>
</tr>
</tbody>
</table>

### 07.0 Use information technology tools – The student will be able to:

<table>
<thead>
<tr>
<th>07.01</th>
<th>Define terms and demonstrate basic computer skills.</th>
</tr>
</thead>
<tbody>
<tr>
<td>07.02</td>
<td>Interpret information from electronic medical documents.</td>
</tr>
</tbody>
</table>

### 08.0 Explain the importance of employability skills – The student will be able to:

<p>| 08.01 | Identify personal traits or attitudes desirable in a member of the healthcare team.                  |</p>
<table>
<thead>
<tr>
<th>08.02</th>
<th>Exemplify basic professional standards of dental healthcare workers as they apply to hygiene, dress, language, confidentiality and behavior (i.e. telephone etiquette, courtesy and self-introductions).</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.03</td>
<td>Maintain a career portfolio to document knowledge, skills, and experience.</td>
</tr>
<tr>
<td>08.04</td>
<td>Develop a professional resume</td>
</tr>
<tr>
<td>08.05</td>
<td>Conduct a job search and complete a job application form correctly.</td>
</tr>
<tr>
<td>08.06</td>
<td>Demonstrate effective job interview techniques</td>
</tr>
<tr>
<td>08.07</td>
<td>Examine levels of education, credentialing requirements including licensure and certification, employment opportunities, workplace environments and career growth potential.</td>
</tr>
<tr>
<td>08.08</td>
<td>Examine licensing, certification, and industry credentialing requirements.</td>
</tr>
<tr>
<td>09.0</td>
<td>Demonstrate knowledge of blood borne diseases, including HIV/AIDS – The student will be able to:</td>
</tr>
<tr>
<td>09.01</td>
<td>Recognize emerging diseases and disorders.</td>
</tr>
<tr>
<td>09.02</td>
<td>Demonstrate knowledge of transmission and treatment of diseases caused by blood borne pathogens including Hepatitis B.</td>
</tr>
<tr>
<td>09.03</td>
<td>Identify &quot;at risk&quot; behaviors that promote the spread of diseases caused by blood borne pathogens and the public education necessary to combat the spread of these diseases.</td>
</tr>
<tr>
<td>09.04</td>
<td>Identify community resources and services available to the individuals with diseases caused by blood borne pathogens.</td>
</tr>
<tr>
<td>09.05</td>
<td>Apply infection control techniques designed to prevent the spread of diseases caused by blood borne pathogens to the care of all patients following Centers for Disease Control (CDC) guidelines.</td>
</tr>
<tr>
<td>09.06</td>
<td>Demonstrate knowledge of the legal aspects of treating patients with HIV+ infection and AIDS, including testing.</td>
</tr>
<tr>
<td>10.0</td>
<td>Demonstrate leadership and teamwork skills needed to accomplish team goals and objectives – The students will be able to:</td>
</tr>
<tr>
<td>10.01</td>
<td>Analyze attributes and attitudes of an effective leader.</td>
</tr>
<tr>
<td>10.02</td>
<td>Recognize factors and situations that may lead to conflict.</td>
</tr>
<tr>
<td>10.03</td>
<td>Demonstrate effective problem-solving techniques for managing team conflict.</td>
</tr>
<tr>
<td>11.0</td>
<td>Perform expanded functions for the dental hygienist as permitted by Florida Statutes/Law--The student will be able to:</td>
</tr>
<tr>
<td>11.01</td>
<td>Perform expanded functions as permitted by the Florida Statutes/Law pertaining to the practice of dental hygiene.</td>
</tr>
<tr>
<td>12.0</td>
<td>Perform dental office procedures--The student will be able to:</td>
</tr>
<tr>
<td>12.01</td>
<td>Maintain appointment control with effective time management skills.</td>
</tr>
<tr>
<td>12.02</td>
<td>Assess, create, modify, and maintain an active recare system.</td>
</tr>
<tr>
<td>12.03</td>
<td>Prepare and maintain accurate patient records.</td>
</tr>
<tr>
<td>12.04</td>
<td>Prepare and maintain dental office inventory control and purchasing.</td>
</tr>
<tr>
<td>12.05</td>
<td>Demonstrate skills on office equipment to include computers and dental office management systems.</td>
</tr>
<tr>
<td>12.06</td>
<td>Identify correct code on dental procedures and nomenclature (CDT Codes).</td>
</tr>
<tr>
<td>12.07</td>
<td>Maintain a positive office environment.</td>
</tr>
<tr>
<td>12.08</td>
<td>Receive and dismiss patients and visitors.</td>
</tr>
<tr>
<td>12.09</td>
<td>Demonstrate reporting and recording of adverse events.</td>
</tr>
</tbody>
</table>

| 13.0 | Identify, describe, maintain and utilize dental instruments and equipment--The student will be able to: |
| 13.01 | Identify various types, functions and operations of dental operatory and laboratory equipment. |
| 13.02 | Maintain dental operatory equipment and instruments including proper sharpening techniques. |
| 13.03 | Identify types and functions of dental hygiene instruments. |

| 14.0 | Identify and perform dental and radiographic procedures--The student will be able to: |
| 14.01 | Describe history, physics and biological effects of ionizing radiation. |
| 14.02 | Identify parts of the imaging machine including accessories. |
| 14.03 | Demonstrate radiologic health protection techniques. |
| 14.04 | Perform processing procedures that include application and care. |
| 14.05 | Place image receptors and expose dental images that could include chemical emulsion, digital or phosphor plates, 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. |

<p>| 15.0 | Identify properties and uses, and manipulate dental materials--The student will be able to: |
| 15.01 | Identify properties and uses and manipulation of gypsum. |
| 15.02 | Identify properties and uses and manipulation of restorative materials. |
| 15.03 | Identify properties and uses and manipulation of dental cements. |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
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<tbody>
<tr>
<td>15.04</td>
<td>Identify properties and uses and manipulation of impression materials.</td>
</tr>
<tr>
<td>15.05</td>
<td>Identify properties and uses and manipulation of acrylcs and/or thermoplastics.</td>
</tr>
<tr>
<td>15.06</td>
<td>Identify dental laboratory procedures that may include the fabrication of casts, custom trays, temporary crowns and/or bridges.</td>
</tr>
<tr>
<td>15.07</td>
<td>Clean removable dental appliances.</td>
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<tr>
<td>16.0</td>
<td>Describe the legal and ethical responsibilities of the dental hygienist--The student will be able to:</td>
</tr>
<tr>
<td>16.01</td>
<td>Define commonly used legal vocabulary relating to dentistry.</td>
</tr>
<tr>
<td>16.02</td>
<td>Describe ethical considerations/obligations in the dental team-patient relationship.</td>
</tr>
<tr>
<td>16.03</td>
<td>Explain risk management and root cause analysis.</td>
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<tr>
<td>16.04</td>
<td>Identify areas of Florida Statute 466 and Rule chapter 64B5 applicable to dentistry and dental hygiene.</td>
</tr>
<tr>
<td>16.05</td>
<td>Apply self-assessment skills to prepare for life-long learning.</td>
</tr>
<tr>
<td>16.06</td>
<td>Apply ethical principles, legal and regulatory concepts to resolve ethical dilemmas.</td>
</tr>
<tr>
<td>17.0</td>
<td>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:</td>
</tr>
<tr>
<td>17.01</td>
<td>Identify structures and functions of head and neck anatomy including bones, muscles, sinuses, salivary glands, lymph nodes, nerves and blood vessels.</td>
</tr>
<tr>
<td>17.02</td>
<td>Identify embryonic development of head, oral cavity, and teeth.</td>
</tr>
<tr>
<td>17.03</td>
<td>Describe the histological components of the head, oral cavity, and elements of the teeth and supporting structures.</td>
</tr>
<tr>
<td>17.04</td>
<td>Describe and differentiate between normal and malocclusion.</td>
</tr>
<tr>
<td>17.05</td>
<td>Identify the elements of the chemical basis of life, cellular metabolism and the structure of the major tissue types of the human body.</td>
</tr>
<tr>
<td>17.06</td>
<td>Describe the metabolism of nutrient foods, vitamins and minerals by the human body and pathological conditions related to nutrient deficiencies.</td>
</tr>
<tr>
<td>17.07</td>
<td>Identify anatomical structures and physiological function of the principle systems of the human body including the skeletal, muscular, integumentary, circulatory, lymphatic, endocrine, digestive, reproductive, respiratory, urinary, and nervous systems.</td>
</tr>
<tr>
<td>17.08</td>
<td>Recognize and describe oral pathological conditions related to the teeth and their supporting structures.</td>
</tr>
<tr>
<td>17.09</td>
<td>Identify teeth and their landmarks, and the morphological characteristics of each individual tooth.</td>
</tr>
<tr>
<td>17.10</td>
<td>Recognize and describe developmental anomalies related to the teeth, face, and oral structures.</td>
</tr>
<tr>
<td>18.0</td>
<td>Identify and explain principles of microbiology, disease transmission, disease prevention, and perform infection control procedures--The</td>
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<tr>
<td>Student will be able to:</td>
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<tr>
<td>18.01 Differentiate between pathogenic and non-pathogenic microorganisms.</td>
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<tr>
<td>18.02 Describe pathogens and modes of disease transmission.</td>
<td></td>
</tr>
<tr>
<td>18.03 Differentiate between aseptic and non-aseptic environments.</td>
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</tr>
<tr>
<td>18.04 Perform aseptic handwashing technique including use of antiseptic gels.</td>
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</tr>
<tr>
<td>18.05 Describe, apply and differentiate methods of cleaning, disinfection and sterilization</td>
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<tr>
<td>18.06 Recognize the need for and proper precautions for the prevention of disease transmission during all dental related procedures.</td>
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<tr>
<td>18.07 Identify the role of prokaryotic cells, eukaryotic cells, viruses, and bacteria in the infections and mechanisms of diseases.</td>
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</tr>
<tr>
<td>18.08 Identify the genetics of microbes including replication of DNA and protein synthesis, mutation and gene transfer.</td>
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</tr>
<tr>
<td>19.0 Identify and 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:</td>
<td></td>
</tr>
<tr>
<td>19.01 Identify drug requirements, agencies, and regulations.</td>
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<tr>
<td>19.02 Record a drug prescription on a patient's chart.</td>
<td></td>
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<tr>
<td>19.03 Identify drug actions, side effects, indications and contraindications; verify with Physician's Desk Reference or its equivalent.</td>
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<tr>
<td>19.04 Describe the process of drug metabolism.</td>
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<tr>
<td>19.05 Identify common drugs used in dentistry.</td>
<td></td>
</tr>
<tr>
<td>19.06 Identify pharmaceuticals and medicaments used in the oral cavity.</td>
<td></td>
</tr>
<tr>
<td>19.07 Recognize specific conditions in the oral cavity caused by pharmaceutical agents.</td>
<td></td>
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<tr>
<td>19.08 Identify properties of anesthetics.</td>
<td></td>
</tr>
<tr>
<td>19.09 Identify the tissues innervated by each of the nerves associated with dental local and topical anesthesia.</td>
<td></td>
</tr>
<tr>
<td>19.10 Describe properties and mode of action of an effective local and topical anesthetic.</td>
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<tr>
<td>19.11 List systemic considerations in choosing a local and topical anesthetic.</td>
<td></td>
</tr>
<tr>
<td>19.12 Describe methods of administering local and applying topical anesthetics.</td>
<td></td>
</tr>
<tr>
<td>19.13 List potential local and systemic adverse reactions associated with local anesthetic administration.</td>
<td></td>
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<tr>
<td>19.14</td>
<td>Prepare armamentarium for administering local anesthetics for recognized techniques.</td>
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<tr>
<td>19.15</td>
<td>Describe the monitoring process and identify precautions in the use of nitrous oxide-oxygen inhalation analgesia.</td>
</tr>
<tr>
<td><strong>20.0</strong></td>
<td>Describe principles and perform techniques of preventive dentistry--The student will be able to:</td>
</tr>
<tr>
<td><strong>20.1</strong></td>
<td>Identify, communicate, and instruct patients on applicable methods of preventive dentistry that utilize:</td>
</tr>
<tr>
<td>20.1.1</td>
<td>risk assessment</td>
</tr>
<tr>
<td>20.1.2</td>
<td>evidence based learning</td>
</tr>
<tr>
<td>20.1.3</td>
<td>individualized preventive care plans</td>
</tr>
<tr>
<td>20.1.4</td>
<td>counseling</td>
</tr>
<tr>
<td>20.1.5</td>
<td>training regarding health status and rationale for preventive care plan.</td>
</tr>
<tr>
<td>20.02</td>
<td>Identify properties and indications for use of anticariogenic treatments utilized in the community, home, and office.</td>
</tr>
<tr>
<td>20.03</td>
<td>Identify and demonstrate proper auxiliary aides based on individual patient needs.</td>
</tr>
<tr>
<td>20.04</td>
<td>Identify and describe deficiencies that manifest symptoms in the oral cavity and communicate applicable therapies.</td>
</tr>
<tr>
<td>20.05</td>
<td>Formulate and present diets to address specific dental needs and provide nutritional counseling.</td>
</tr>
<tr>
<td><strong>21.0</strong></td>
<td>Perform patient assessment--The student will be able to:</td>
</tr>
<tr>
<td>21.01</td>
<td>Take, record, and correlate medical/dental history with dental hygiene treatment plan and services to be performed.</td>
</tr>
<tr>
<td>21.02</td>
<td>Take, record, and correlate vital sign observations with dental hygiene treatment plan and services to be performed.</td>
</tr>
<tr>
<td>21.03</td>
<td>Assess vital signs in order to reduce incidence of patient complications and medical emergencies.</td>
</tr>
<tr>
<td>21.04</td>
<td>Perform record and correlate extraoral and intraoral examination findings with dental hygiene treatment plan and patient services to be performed.</td>
</tr>
<tr>
<td>21.05</td>
<td>Observe and record existing restorations as well as conditions and suspected pathologies of hard and soft tissues using the appropriate armamentarium.</td>
</tr>
<tr>
<td>21.06</td>
<td>Conduct comprehensive periodontal examination including pocket depth, attachment level, recession, mobility, furcations, radiographic findings, and tissue health.</td>
</tr>
<tr>
<td>21.07</td>
<td>Consult with dentist and physicians to verify dental and medical information and develop the treatment plan to be implemented.</td>
</tr>
<tr>
<td>21.08</td>
<td>Interpret and correlate dental radiographs and dental charting with dental hygiene treatment plan.</td>
</tr>
<tr>
<td>21.09</td>
<td>Perform soft tissue reassessment and evaluate the effects of initial dental hygiene therapy and make appropriate therapy modifications or referrals.</td>
</tr>
<tr>
<td>21.10</td>
<td>Recognize systemic diseases from oral manifestations.</td>
</tr>
<tr>
<td>21.11</td>
<td>Record diagnosis made by dentist.</td>
</tr>
<tr>
<td>21.12</td>
<td>Recognize and respond appropriately to contraindications for dental treatment found in medical and dental history.</td>
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<tr>
<td>21.13</td>
<td>Identify and assess dental office emergencies and follow the appropriate protocol for treatment.</td>
</tr>
<tr>
<td>22.0</td>
<td>Perform direct patient services and competently provide 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:</td>
</tr>
<tr>
<td>22.01</td>
<td>Detect calculus for removal and differentiate between deposits and other causes of tooth surface roughness.</td>
</tr>
<tr>
<td>22.02</td>
<td>Perform non-surgical periodontal debridement (scaling and root planing) using appropriate armamentarium and instrumentation technique.</td>
</tr>
<tr>
<td>22.03</td>
<td>Manipulate mechanical instruments for hard and soft deposit removal, i.e. ultrasonic, air-powder polishing system and/or slow-speed hand-piece.</td>
</tr>
<tr>
<td>22.04</td>
<td>Perform oral prophylaxis.</td>
</tr>
<tr>
<td>22.05</td>
<td>Demonstrate knowledge of soft tissue curettage.</td>
</tr>
<tr>
<td>22.06</td>
<td>Apply desensitizing and/or chemotherapeutic agents where applicable.</td>
</tr>
<tr>
<td>22.07</td>
<td>Communicate to patients’ appropriate post-operative instructions and correctly select all necessary self-care therapies intended to restore and maintain the individual patient’s soft tissue health for long term care.</td>
</tr>
<tr>
<td>22.08</td>
<td>Provide and communicate dietary counseling for health maintenance and specific healing needs.</td>
</tr>
<tr>
<td>22.09</td>
<td>Provide and communicate recommendations for patient use of caries prevention agents.</td>
</tr>
<tr>
<td>22.10</td>
<td>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.</td>
</tr>
<tr>
<td>22.11</td>
<td>Provide analysis of assessment findings and use of critical thinking in order to address the patient’s dental hygiene treatment needs.</td>
</tr>
<tr>
<td>22.12</td>
<td>Establish a dental hygiene care plan that reflects the expected outcomes and treatment interventions to facilitate optimal oral health.</td>
</tr>
<tr>
<td>22.13</td>
<td>Present proposed treatment and procedures to the patient and obtain appropriate informed consent signatures prior to rendering patient care services.</td>
</tr>
<tr>
<td>22.14</td>
<td>Provide patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health.</td>
</tr>
<tr>
<td>22.15</td>
<td>Measure the extent to which expected outcomes identified in the dental hygiene care plan are achieved.</td>
</tr>
<tr>
<td>22.16</td>
<td>Complete an accurate recording of all documentation relevant to patient care.</td>
</tr>
<tr>
<td>23.0</td>
<td>Implement and evaluate community health interventions and research activities. The student will be able to:</td>
</tr>
<tr>
<td>23.01</td>
<td>Demonstrate competence in assessment, planning, implementation and evaluation of community health interventions.</td>
</tr>
<tr>
<td>23.02</td>
<td>Formulate and analyze research methodologies for community health interventions.</td>
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<tr>
<td>23.03</td>
<td>Perform a literature search and interpret research findings in scientific literature.</td>
</tr>
<tr>
<td>23.04</td>
<td>Apply research findings to dental hygiene care delivery.</td>
</tr>
<tr>
<td>23.05</td>
<td>Apply statistical analysis and evidence based research to health trends and community interventions.</td>
</tr>
<tr>
<td>23.06</td>
<td>Collaborate and perform a needs assessment with community partners.</td>
</tr>
<tr>
<td>23.07</td>
<td>Differentiate scientific value of literature found in both electronic and traditional mediums.</td>
</tr>
</tbody>
</table>
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.
Career and Technical Student Organization (CTSO)

HOSA: Future Health Professionals is the intercurricular career and technical student organization providing leadership training and reinforcing specific career and technical skills. Career and Technical Student Organizations provide activities for students as an integral part of the instruction offered.

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.

Additional Resources

For additional information regarding articulation agreements, Bright Futures Scholarships, Fine Arts/Practical Arts Credit and Equivalent Mathematics and Equally Rigorous Science Courses please refer to: http://www.fldoe.org/academics/career-adult-edu/career-tech-edu/program-resources.stml
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 the last working day of January if planning to enroll in the Fall semester or October 1 if planning to enroll in the Spring semester.

3. Readmission to the Dental Hygiene Program will be dependent upon available resources.

4. In order to be considered for readmission by the Admissions Committee, the applicant must do the following:
   a. Submit a written request letter (not e-mail) to the Dental Programs Coordinator presenting evidence to justify readmission. This may include letters of recommendation from a previous faculty member or coordinator, additional course work, work experience, etc.
   b. Meet current guidelines for admission to the College and the Dental Hygiene Program.

5. Readmission may be contingent upon the candidate's agreeing to audit previously completed course work.

6. A student who applies for readmission to the Dental Hygiene Program must provide significant evidence which suggests the potential for future success in the program. This evidence may address such things as unusual circumstances, remedial study, and/or additional preparation.
A. **PROFESSIONALISM (Domain)** - *the competent dental hygienist provides clinical care using contemporary professional knowledge, judgment and skills. The dental hygienist must be capable of discerning and managing ethical issues and problems in the practice of dental hygiene.*

1. **Ethics** (Subdomain) – *The dental hygiene graduate must be able to understand, practice and promote the “ADEA Values Defining Professionalism in Dental Education” in the rapidly changing realm of dental hygiene practice.*

   1.1. Applies a professional code of ethics to the practice of dental hygiene with personal and professional integrity and serves all persons without discrimination.

   1.2. Adheres to Federal laws and Florida Board of Dentistry Rules and Regulations for the provision of dental hygiene care.

2. **Information Management and Critical Thinking** (Subdomain) *The dental hygiene graduate must be able to acquire and synthesize information in a critical, scientific, and effective manner and apply it to the practice of dental hygiene.*

   2.1. Use evidence-based decision making to evaluate and incorporate emerging treatment modalities into the accepted standard of care.

   2.2. Provide dental hygiene care to promote patient health and wellness using critical thinking and problem solving in the provision of evidence-based practice.

   2.3. Acquires professional information through varied technologies and possesses the ability to communicate professional knowledge orally and in writing to patients, colleagues and other professionals.

3. **Professional Growth & Development** (Subdomain) – *The dental hygiene graduate must be able to contribute to the delivery of quality patient care and professional development through the pursuit of academic and clinical excellence founded on life-long learning and evolving standards of care.*

   3.1. Recognizes the roles of the profession including clinician, educator, researcher, consumer advocate and administrator and helps expand and contribute to the knowledge base of dental hygiene.

   3.2. Identifies career options within health care, industry, education, government and research and evaluate the feasibility of pursuing dental hygiene opportunities.
3.3 Assumes responsibility for self-assessment and pursuing lifelong learning related to the provision of contemporary dental hygiene care.

3.4 Develops practice management and marketing strategies to be used in the delivery of oral health care.

3.5 Accesses professional and social networks to pursue professional goals.

3.6 Promote the profession through service activities and affiliations with professional organizations.

B. HEALTH PROMOTION AND DISEASE PREVENTION (Domain)

The dental hygienist serves the community in private, public and alternative health settings. Changes within the health care environment require the dental hygienist to have a general knowledge of wellness, health determinants, and characteristics of various patient communities. The dental hygiene graduate must be able to initiate and assume responsibility for health promotion and disease prevention activities (service mindedness) to meet the diverse needs of patients and/or selected populations.

1.1 Promotes the values of oral and general health and wellness to the public and organizations within and outside the profession.

1.2 Respects the goals, values, beliefs, and preferences of the patient while promoting optimal oral and general health.

1.3 Refer patients who may have a physiologic, psychological, and/or social problem for comprehensive evaluation.

1.4 Identify individual and population risk factors and develop strategies that promote health related quality of life.

1.5 Evaluate and utilize methods to ensure the health and safety of the patient and the dental hygienist in the delivery of dental hygiene.

C. COMMUNITY INVOLVEMENT (Domain)

Dental Hygienists must appreciate their role as health professionals at the local, state, and national levels. The graduate dental hygienist must be prepared to influence others to facilitate access to care and services by assessing, planning and implementing programs and activities to benefit the general population.

1.1 Develops a commitment to serving the public and advancing the profession through professional and personal community service activities.

1.2 Participates in the assessment, planning, implementation and evaluation of community-based oral health programs.

1.3 Understands the public policy process in order to influence consumer groups, businesses and government agencies to support oral health care issues.
1.4 Provides screening, referral, and educational services that allow patients to access the resources of the health care system.

1.5 Assesses the oral health needs of the community and the quality and availability of resources and services.

1.6 Provide community oral health services in a variety of settings.

1.7 Facilitate patient access to oral health services by influencing individuals and/or organizations for the provision of oral health care.

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

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

1.10 Advocate for effective oral health care for underserved populations

D. DENTAL HYGIENE PROCESS OF CARE (Domain)

The dental hygiene process of care applies principles for the biomedical, dental, clinical and social sciences to diverse populations of all ages that may include the medically compromised, mentally or physically challenged, and socially or culturally disadvantaged. Dental Hygienists provide patients with individualized dental hygiene care including Assessment, Dental Hygiene Diagnosis, Planning, Implementation and Evaluation (ADPIE) to achieve and to maintain oral health. Additionally, accurate, consistent, and complete documentation of the dental hygiene process of care should be expected of all entry-level graduate Dental Hygienists.

1. Assessment of Patient Needs (Subdomain) – The dental hygiene graduate must be able to systematically collect, analyze and accurately record individualized data on the general, oral and psychosocial health status of a variety of patients using methodology consistent with medicolegal principles.

1.1. Obtains, reviews and updates a complete medical, family, social, and dental history.

1.2. Recognizes health conditions and medications that impact overall patient care as well as predisposing and etiologic risk factors requiring intervention to prevent disease.

1.3. Identifies a patient at risk for a medical emergency and manages the patient care in a manner that prevents an emergency.

1.4. Performs a comprehensive examination using clinical, radiographic, periodontal, dental charting, and other data collection procedures to assess the patient’s/client’s needs.
2. **Dental Hygiene Diagnosis** (Subdomain) – As a component of the overall dental diagnosis, the Dental Hygiene Diagnosis is the identification of an existing or potential oral health problem that a dental hygienist is educationally qualified and licensed to treat. The use of critical decision making skills to reach conclusions about the patient’s/client’s dental hygiene needs based on all available assessment data is required.

2.1 Analyze and interpret all assessment data to formulate the dental hygiene diagnosis.

2.2 Determine patient needs that can be improved through the dental hygiene process of care.

2.3 Incorporate the dental hygiene diagnosis into the overall dental treatment plan.

2.4 Recognize and obtain consultations as indicated.

3. **Planning Dental Hygiene Care** (Subdomain) – The dental hygiene graduate must be able to employ critical decision making skills to formulate a dental hygiene care plan based on all available assessment data. This must be accomplished in collaboration with the patient and/or other oral health professionals to formulate a comprehensive dental hygiene care plan that is patient centered and based on current scientific evidence.

3.1 Analyzes assessment data and formulates oral health goals and a prioritized dental hygiene care/treatment plan based on the dental hygiene diagnosis of problems and/or risk factors related to oral health.

3.2 Obtains informed consent from the patient, parent or guardian prior to implementing services.

3.3 Recognizes and suggests the need for a consultation or referral to appropriate health care professionals.

3.4 Select and assemble the appropriate materials and armamentarium for general and specialized patient care.

4. **Implementation** (Subdomain) – The dental hygiene graduate must be able to provide specialized treatment that includes preventive and therapeutic services designed to assist the patient in achieving and maintaining oral health.

4.1 Perform dental hygiene interventions to eliminate and/or control local etiologic factors to prevent and control caries, periodontal disease, and other oral conditions.

4.2 Provide life support measures to manage medical emergencies in the patient care environment.

4.3 Controls pain and anxiety during treatment through legally accepted clinical and behavioral techniques and administers appropriate chemotherapeutic agents that are within the scope of dental hygiene practice.
4.4 Uses current infection control procedures in all aspects of patient care and applies measures to minimize occupational hazards in the work place.

4.5 Provides care to all patients using an individualized approach that is humane, empathetic, and caring.

5. **Evaluation** (Subdomain) – *The dental hygiene graduate must be able to evaluate the effectiveness of the implemented clinical, preventative, and educational services while modifying when necessary.*

5.1 Determines the clinical outcomes of dental hygiene interventions using indices, instruments, examination techniques and patient self-report.

5.2 Determines the oral health maintenance care intervals to meet the individual’s needs.

5.3 Determines the patient’s satisfaction with the oral health care received and the oral health status achieved.

6. **Documentation** (Subdomain) – *The dental hygiene graduate must be able to document the complete and accurate recording of all collected data, treatment planned and provided, recommendations, and other information relevant to patient care and treatment.*

6.1 Documents all components of the dental hygiene process of care (Assessment, dental hygiene diagnosis, planning, implementation, and evaluation).

6.2 Objectively record all information and interaction between the patient and the practice (i.e. telephone calls, emergencies, prescriptions).

6.3 Records legible, concise and accurate information (i.e. dates and signatures, clinical information that subsequent providers can understand, ensure all components of the patient record are accurately labeled).

6.4 Recognizes ethical and legal responsibilities of record keeping including guidelines outlined in state regulations and statutes.

6.5 Ensures compliance with the federal Health Information Portability and Accountability Act (HIPAA).

6.6 Respects and protects the confidentiality of patient information.

Adapted from the 2016 ADHA Standards for Clinical Dental Hygiene Practice and the ADEA Compendium of Curriculum Guidelines for Allied Dental Education Programs

[https://www.adha.org/resources-docs/2016-Revised-Standards-for-Clinical-Dental-Hygiene-Practice.pdf](https://www.adha.org/resources-docs/2016-Revised-Standards-for-Clinical-Dental-Hygiene-Practice.pdf)

[http://www.adea.org/cadpd/toolkit/](http://www.adea.org/cadpd/toolkit/)
PROFESSIONAL CREDENTIALS

Expanded Functions Certification:

Students will earn an Expanded Functions certificate upon successful completion of DES 1832 and DES 1832L. The Certificate will include those expanded functions that are legally allowed in the state of Florida (Chapter 64B5-16 remediable tasks delegable to dental hygienists and dental assistants).

National Dental Hygiene Board Examination (NDHBE):

_All eligible_ sophomore dental hygiene students are required to take the NDHBE for dental hygienists. A student in an accredited dental hygiene program is eligible for examination when the dental hygiene program director (or designee) certifies that the student is prepared for the examination. National Board Examination certification is based on completion of the Dental Hygiene Mock examination with a 75% or better. 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 March, prior to graduation. An exact date will be announced several months in advance to permit ample time for application for the examination. The student will be responsible for requesting, completing, and submitting the online application forms for this examination by the established deadline.

ADEX Examination:

The CDCA administers the ADEX examination on behalf of a number of state dental boards and in accordance with state licensing requirements. This examination should be accepted in any state accepting the ADEX Licensing Examination in Dentistry. However, candidates should consult with the state dental board of any state in which they wish to be licensed, in order to determine specifically whether this examination will qualify them for licensure in that state.

The Examination in Dental Hygiene consists of two Examinations and each takes place at different times. The Computer Simulated Clinical Examination (CSCE) is a computer based examination, approximately 2 hours in length, and usually takes place on one day by appointment at a Prometric Testing Center. The Patient Treatment Clinical Examination (PTCE) is approximately 4 hours in length, scheduled at a clinical examination site. A score of 75 or more is required to pass each Examination. Both Examinations must be passed to receive CDCA Status. CDCA Status is recognized by the participating CDCA licensing jurisdictions.

**Dental Hygiene Examination Fees (Estimate)**

- Full Exam……………………..$975
- Local Anesthesia………………..$140
- Partial…………………………..$525 (Patient Clinical)
  - $450 (CSCE Computer Based)
  - $275 (CSCE Retake – Effective July 1, 2015)

_It is the responsibility of each student to request, complete, and submit the application material for this examination by the established deadline. Please Note: The dental hygiene program and individual faculty members are not permitted or responsible for approving and/or selecting State Board patients for students. Faculty cannot be accountable for the selection or acceptance of state board patients._
AGAIN, RESEARCH THE RULES OF THE AGENCY ADMINISTERING THE EXAM(S). THEY MAKE NO EXCEPTIONS. EACH STATE OR GEOGRAPHIC REGION MAY BE DIFFERENT.

Florida Dental Hygiene Licensure Application Requirements:

The State of Florida does not have reciprocity with any state and does not issue licenses by endorsement or credentials. The requirements for licensure by examination are listed below and can be found in Section 466.007, Florida Statutes:

1. Is at least 18 years of age

2. Has graduated from a dental hygiene college or school approved by the board or accredited by the Commission on Accreditation of the American Dental Association or its successor agency, if any, or any other dental hygiene program accrediting entity recognized by the United States Department of Education;

3. Successful completion of the following examinations:
   - Dental Hygiene National Board Examination
     (Graduates of non-accredited dental schools have the option of completing the National Board Dental Examination or the Dental Hygiene National Board Examination)
   - ADEX Dental Hygiene Licensing Examination administered in Florida or in another jurisdiction other than Florida. ADEX scores are valid if taken on or after June 1, 2010
   - Florida Laws and Rules Examination

Florida Laws and Rules Examination Applicants are required to submit the following documents for licensure:

1. National Board Dental Hygiene Examination scores mailed to the Board office directly from the American Dental Association

2. Final official transcripts sent to the Board office by the registrar’s office with appropriate stamps, seals, degree and signatures. All final transcripts must indicate the matriculation date, graduation date, degree earned, and be embossed with the school seal. We will not accept any transcript that has “issued to student” stamped on the transcript. Any transcript, which does not conform to these standards, shall be deemed unofficial and unacceptable.

3. Proof of completion of a minimum two hour course in the prevention of medical errors within the past two years. Information regarding board approved providers and courses can be viewed at www.cebroker.com.

4. 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.

5. Current proof of training in cardiopulmonary resuscitation (CPR) at the basic support level, including one – rescuer and two rescuer CPR for adults, children, and infants; the use of an automatic external defibrillator (AED) and the use of ambu-bags. All such training shall be sufficient for and shall result in current certification or recertification by the American Heart Association, the American Red Cross or an entity with equivalent requirements.
Health Care Fraud; Disqualification for License, Certificate, or Registration

Effective July 1, 2012, section 456.0635, Florida Statutes, provides that health care boards or the department shall refuse to issue a license, certificate or registration and shall refuse to admit a candidate for examination if the applicant:

1. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S., (relating to social and economic assistance), Chapter 817, F.S., (relating to fraudulent practices), Chapter 893, F.S., (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed. Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration, unless the sentence and any subsequent period of probation for such conviction or plea ended:

   1. For the felonies of the first or second degree, more than 15 years from the date of the plea, sentence and completion of any subsequent probation;
   2. For the felonies of the third degree, more than 10 years from the date of the plea, sentence and completion of any subsequent probation;
   3. For the felonies of the third degree under section 893.13(6)(a), F.S., more than five years from the date of the plea, sentence and completion of any subsequent probation;

2. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues), unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application.

3. Has been terminated for cause from the Florida Medicaid program pursuant to section 409.913, F.S., unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent five years.

4. Has been terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent five years and the termination occurred at least 20 years before the date of the application;


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.

<table>
<thead>
<tr>
<th>TOTAL FEE</th>
<th>$120.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA Application Fee</td>
<td>$35.00</td>
</tr>
<tr>
<td>DH Licensure Fee</td>
<td>$85.00*</td>
</tr>
</tbody>
</table>

*The initial licensure fee collected at this time is one half of the biennial licensure fee for applicants applying in the second year of the biennium. Applicants who pay the partial fee and become licensed during the beginning of the renewal cycle which begins in late 2015 will be required to submit an additional fee for a full two year license.

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.
5. Pharmacology of local anesthetics.
6. Pharmacology of vasoconstrictors.
7. Psychological aspects of pain control.
8. Systematic complications.
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.

**CLINICAL HONORS ACHIEVEMENT**
Clinical honors can be realized by exhibiting outstanding clinical performance, completing lofty patient requirements and satisfying clinical competency goals *without* substitutions.
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: http://www.adha.org/aboutadha/sadha.htm

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 from 12:00 to 1:00 pm - Location TBA. 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 – First 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/Graduation banquet
3. Component/Constituent liaison
4. Legislation
5. Special projects (i.e. Kidz Klinic, Special Olympics)
6. Welcoming/Orientation

MENTORING PROGRAM: (MENTOR/MENTEE)

Second year dental hygiene students will become “Mentors” to the incoming first year dental hygiene students “Mentees.” The purpose is to mentor the incoming first-year student by providing support, encouragement, and especially friendship, during the first year of the dental hygiene program.

SADHA FACULTY ADVISOR

A faculty advisor will be available to the members for advice and counsel for all activities including the facilitation of meetings, programs, or projects initiated by the organization. All dental faculty are welcome to attend SADHA meetings as their schedule permits.

Miranda Stewart, CDA, CRDH, MS
Coordinator of Dental Hygiene
Office: HS 103
Office Hours: posted on office door
Phone: (850) 769-1551, ext. 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.
INSTRUMENT REPLACEMENT OPTIONS

Sophomore students who are SADHA members may choose to utilize the instrument replacement fee (fee obtained sophomore spring semester) and order from Hu-Friedy via the Student American Dental Hygienists’ Association (SADHA). Due to the time consuming nature of packing, shipping, and payment, SADHA will only offer this option for bulk replacements (12 or more instruments) and at specified times during the school year. Checks made out to "SADHA" or cash must be given to the treasurer for deposit into the SADHA account. The treasurer will mail the instruments to be replaced and pay the bill upon receipt to:

Hu-Friedy
3232 North Rockwell Street
Chicago, IL 60618
877-321-4333 (institutional sales)