Central Georgia Technical College
Dental Hygiene Program

Clinical & Program Manual
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INTRODUCTION

Welcome to the Dental Hygiene program at Central Georgia Technical College.

The Dental Hygiene program prepares students for positions in the dental profession. Academic, technical, and professional knowledge and skills required for job acquisition, retention, and advancement are developed. Program graduates receive an Associate of Applied Science from Central Georgia Technical College.

This manual contains information regarding program expectations, general program policies, laboratory and clinical procedures, guidelines, requirements and evaluation methods. You will be tested on information contained in this manual periodically in various dental hygiene courses.

The Dental Hygiene curriculum is demanding and will require intense discipline on your part. Dental Hygiene is a rewarding career and well worth the effort. The more you put into the program, the more you will get out of it.

We wish you every success in fulfilling your goals.

The Central Georgia Technical College Dental Hygiene Faculty
Central Georgia Technical College  
Department of Dental Hygiene

PROGRAM PURPOSE

The purpose of the Dental Hygiene Program is to provide a quality education for the dental hygiene student which will include a variety of experiences in the classroom, clinic and community.

MISSION STATEMENT

The mission of the Dental Hygiene Program is to provide the student with the knowledge, skills, and experiences to become a registered dental hygienist and secure employment in the competitive and demanding field of dentistry. This Department seeks to maintain a strong working relationship with area dentists and their office staff to assure that the curriculum, training, equipment, and techniques used in the program mirror local needs.

PROGRAM GOALS

The goals of the Dental Hygiene Program are to:

a. Offer high quality didactic and clinical instruction. Provide technologically safe, state-of-the-art equipment and adequate facilities as well as a comprehensive curriculum.

b. Encourage student participation in school and professional organizations and advance the profession of dental hygiene in a rapidly changing health care conscious society.

c. Apply the dental hygiene process and assess, diagnose, plan, implement and evaluate dental hygiene services to a diverse patient population in the educational setting.

d. Recruit and enroll students whose abilities and interests are well-suited for training in a subsequent career in dental hygiene; retain students until graduation, graduate clinically competent and ethical dental hygienists, and offer assistance with placement in the workforce.

e. Offer well-developed staff development opportunities and have faculty seek to maintain membership in other community and professional organizations.
PROGRAM OBJECTIVES

1. Provide current curriculum, instructional material, and equipment (in accordance with available funding) which teaches knowledge, skills, and attitudes appropriate to industry needs.
2. Provide educational facilities which foster learning and provide safe, healthy environments available and accessible to all students who can benefit from the program.
3. Provide academic instruction which supports effective learning within the program and which enhances professional performance on the job.
4. Provide employability skills, which foster work attitudes and work habits that will enable graduates of the program to perform as responsible employees.
5. Nurture the desire for learning so that the graduates will pursue their own continuing education as a lifelong endeavor.
6. Provide an educational atmosphere, which promotes a positive self-image and a sense of personal well-being.
7. Provide education that fosters development of appropriate safety habits.
8. Provide admissions, educational and placement services without regard to race, color, national origin, religion, sex, age, handicapping condition, academic disadvantage, or economic disadvantage.
9. Provide information to the public regarding the program that will facilitate recruitment and enrollment of students.
11. Promote faculty and student rapport and communications to enhance student success in the program.
Central Georgia Technical College
Department of Dental Hygiene
Academic Code of Conduct

1. No student shall receive or give assistance not authorized by the instructor in the preparation of any essay, laboratory report, examination, or other assignment included in an academic course.

2. No student shall take or attempt to take, steal, or otherwise obtain in any unauthorized manner any material pertaining to the conduct of a class. This includes, but is not limited to tests, examinations, and laboratory equipment and roll books.

3. No student shall sell, give, lend, or otherwise furnish, to any unauthorized person material which can be shown to contain the questions and answers to any examination scheduled to be given at any subsequent date in any course of study offered by Central Georgia Technical College without authorization by the instructor.

4. Plagiarism is prohibited and will result in the grade of zero. Specialty reports, teaching modules, themes, essays, term papers, tests and other similar requirements must be the original work of the student submitting them. When direct quotations are used, they must be indicated with quotation marks. When the ideas of another are incorporated in the paper, they must be appropriately acknowledged with references. Without quotation marks and references, the paper will be considered plagiarism. Papers must be prepared specifically for the current assignment and not previously submitted for another graded assignment. Refer to the Central Georgia Technical College Student Handbook for the school policy regarding plagiarism.
Central Georgia Technical College  
Department of Dental Hygiene  
Academic Policy

The program’s academic policy reflects the competencies achieved by the student. Student’s competencies are measured by written examination, daily work assignments and clinical/laboratory proficiency examinations.

1. A student must achieve at the “C” level to continue in the program. A “C” is considered 70%.

2. A student failing any course in the Dental Hygiene curriculum (achieving below a 70) will be academically dismissed from the program immediately.

3. The student is advised that failure course in the program will delay graduation. The dental hygiene program is a lock step program and courses are only taught once per year. Successful completion of all DHY courses is required for graduation.

Grading System for the Dental Hygiene program is listed below:

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<tr>
<td>A</td>
<td>90-100</td>
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<td>B</td>
<td>80-89</td>
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<tr>
<td>C</td>
<td>70-79</td>
</tr>
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<td>D</td>
<td>60-69</td>
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<tr>
<td>F</td>
<td>0-59</td>
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I understand that I must achieve at a level of 70% or better to successfully complete courses in the Dental Hygiene Program. I also understand the criteria regarding prerequisite courses and academic probation. I have had the policies explained to me thoroughly, and I was given the opportunity to ask questions and have them answered to my satisfaction.

______________________________  _______________________
Student Signature                Date
Central Georgia Technical College
Department of Dental Hygiene
Attendance Policy

The educational programs at Central Georgia Technical College reflect those requirements and standards that are necessary for future successful employment in business and industry. Employers expect their employees to be present and to be on time for work each and every day. Likewise, CGTC expects each student to be present and to be on time each and every day for all classes or to log in as required for an online class. Consequently, excessive absenteeism and tardiness may impact work ethics evaluations and course grades.

Students receiving financial aid (especially Pell, WIA, or VA) need to be aware that absences could also jeopardize their financial aid status. They may not receive financial aid funds if they do not meet the attendance requirements of the financial aid agency.

It is the student’s responsibility to contact the instructor concerning absences. A student submitted as “stopped attending” is not eligible to be reinstated in the course for that semester; he or she will receive a grade of WF unless the student withdraws from the course using the appropriate withdrawal procedure.

A tardy is absence from class 10 minutes or less in a scheduled period and counts as ¼ of the class hour. Four tardies equal one absence.

Dental Hygiene Class Attendance Policy

No absences are allowed in any dental hygiene class unless the student is hospitalized, or if there has been a death in the immediate family. Arrangements must be made that do not conflict with class times for doctor’s appointments, sick family members, and transportation needs. In cases of emergency or illness, the student must contact the instructor prior to class should an absence be anticipated. It is up to the student to make up all missed work within 2 days of the absence. Class handouts can be obtained from the instructor. Class notes can be obtained from classmates.

Dental Hygiene Clinic Attendance Policy

Since DHY students are required to attend all clinic sessions, absence from a clinic will constitute a grade of “0” for each clinic session. Students will receive a “0” for each missed clinic session unless a physician’s excuse is provided within 24 hours of the absence or if prior approval has been obtained from the Dental Hygiene Program Director.
Central Georgia Technical College
Department of Dental Hygiene
Code of Ethics for Dental Hygienists

1. Preamble

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

2. Purpose

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

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

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

3. Key Concepts

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

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

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

5. Fundamental Principles

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

Universality

The principle of universality assumes that, if one individual judges an action to be right or wrong in a given situation, other people considering the same action in the same situation would make the same judgment.

Complementarity

The principle of complementarity assumes the existence of an obligation to justice and basic human rights. It requires us to act toward others in the same way they would act toward us if roles were reversed. In all relationships, it means considering the values and perspective of others before making decisions or taking actions affecting them.

Ethics

Ethics are the general standards of right and wrong that guide behavior within society. As generally accepted actions, they can be judged by determining the extent to which they promote good and minimize harm. Ethics compel us to engage in health promotion/disease prevention activities.
Community
The principle expresses our concern for the bond between individuals, the community, and society in general. It leads us to preserve natural resources and inspires us to show concern for the global environment.

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

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

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

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

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

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

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

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

Veracity

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

7. Standards of Professional Responsibility

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

To Ourselves as Individuals

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

To Ourselves as Professionals

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

To Family and Friends

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

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

To Colleagues

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

To Employees and Employers

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

To the Dental Hygiene Profession

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

To the Community and Society

• Recognize and uphold the laws and regulations governing our profession.
• Document and report inappropriate, inadequate, or substandard care and/or illegal activities by any healthcare provider to the responsible authorities.
• Use peer review as a mechanism for identifying inappropriate, inadequate, or substandard care and for modifying and improving the care provided by dental hygienists.
• Comply with local, state, and federal statutes that promote public health and safety.

• Develop support systems and quality-assurance programs in the workplace to assist dental hygienists in providing the appropriate standard of care.

• Promote access to dental hygiene services for all, supporting justice and fairness in the distribution of healthcare resources.

• Act consistently with the ethics of the global scientific community of which our profession is a part.

• Create healthful workplace ecosystem to support a healthy environment.

• Recognize and uphold our obligation to provide pro bono service.

To Scientific Investigation

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

• Conduct research that contributes knowledge that is valid and useful to our clients and society.

• Use research methods that meet accepted scientific standards.

• Use research resources appropriately.

• Systematically review and justify research in progress to insure the most favorable benefit-to-risk ratio to research subjects.

• Submit all proposals involving human subjects to an appropriate human subject review committee.

• Secure appropriate institutional committee approval for the conduct of research involving animals.

• Obtain informed consent from human subjects participating in research that is based on specifications published in Title 21 Code of Federal Regulations Part 46.

• Respect the confidentiality and privacy of data.
• Seek opportunities to advance dental hygiene knowledge through research by providing financial, human, and technical resources whenever possible.

• Report research results in a timely manner.

• Report research findings completely and honestly, drawing only those conclusions that are supported by the data presented.

• Report the names of investigators fairly and accurately.

• Interpret the research and research of others accurately and objectively, drawing conclusions that are supported by the data presented and seeking clarity when uncertain.

• Critically evaluate research methods and results before applying new theory and technology in practice.

• Be knowledgeable concerning currently accepted preventive and therapeutic methods, products, and technology and their application to our practice.

Approved and ratified by the 1995 ADHA House of Delegates.
Central Georgia Technical College  
Department of Dental Hygiene  
Program Competencies*

Competency

C.1 Apply a professional code of ethics in all endeavors.  
   C.1.1 Serve without discrimination  
   C.1.2 Understand ethical principles  
   C.1.3 Appreciate cultural differences  
   C.1.4 Provide humane care  
   C.1.5 Maintain honesty in relationships  
   C.1.6 Ensure privacy and confidentiality  
   C.1.7 Comply with laws  
   C.1.8 Take action against incompetent colleagues  
   C.1.9 Demonstrate self-discipline and self-responsibility in treating patients

C.2 Adhere to state and federal laws, recommendations and regulations in the provision of dental hygiene care.  
   C.2.1 The dental hygienist will have the foundation knowledge of legal concepts and theories that apply to dental hygiene practice  
   C.2.2 Describe technological changes and economic and political forces affecting dentistry in today’s society  
   C.2.3 Describe licensure, certification, registration, and institutional licensure as they relate to dentistry  
   C.2.4 The dental hygienist will understand the legal relationship between a health care provider and patients/other personnel  
   C.2.5 The dental hygienist will understand the legal conditions relating to dentistry including malpractice, technical battery, negligence, contractual agreement, and civil and criminal law  
   C.2.6 The dental hygienist will understand the role of credentialing and educational standards in health care provider regulation  
   C.2.7 The dental hygienist will know the legal issues related to dental radiography in the on campus clinic, at rotation sites, and in positions after graduation

C.3 Provide dental hygiene care to promote patient/client health and wellness using critical thinking and problem solving in the provision of evidenced-based practice.  
   C.3.1 Understand the basic responsibility of emergency scene care including first aid and CPR  
   C.3.2 The dental hygienist will be able to define disease transmission and infection control, and be able to demonstrate correct procedures  
   C.3.3 The dental hygienist will be able to assess a patient's medical health by...
evaluating the medical, dental and personal histories, and vital signs of a patient

C.3.4 The dental hygienist will understand and be able to apply the correct treatment plan for periodontally affected patients by understanding the histopathology, systemic factors, nonsurgical, surgical, and chemotherapeutic therapy

C.4 Use evidence-based decision making to evaluate and incorporate emerging treatment modalities.

C.5 Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care.
   C.5.1 Understand the minimum standards of dental materials set by ADA, federal, and international organizations
   C.5.2 The dental hygienist will understand and always implement safe radiation exposure for patients and operators

   C.6.1 Advance the profession through service activities and affiliations with professional organizations
   C.6.2 The dental hygienist will be encouraged to join the SADHA organization on campus
   C.6.3 The dental hygienist will participate in a tobacco cessation/prevention presentation to a middle school in the community
   C.6.4 The dental hygienist will develop a table clinic to be presented to the community
   C.6.5 Each dental hygienist will offer an oral health presentation to a neighborhood elementary school

C.7 Provide the profession through service activities and affiliations with professional organizations.

C.8 Provide quality assurance mechanisms for health services.
   C.8.1 The dental hygienist will participate and must understand the rationale of the clinics radiology quality assurance plan including the step wedge technique, and processor care
   C.8.2 The dental hygienist will understand the need for accuracy in charting and filing all patient records

C.9 Communicate effectively with individuals and groups from diverse populations both verbally and in writing.
   C.9.1 The dental hygienist will understand cultural/racial diversity and the differences that make each person unique
   C.9.2 The dental hygienist will treat patients from differing cultures with dignity and respect
C.10 Provide accurate, consistent and complete documentation for assessment, diagnosis, planning, implementation and evaluation of dental hygiene services.

C.11 Provide care to all clients using an individualized approach that is humane, empathetic, and caring.

**HEALTH PROMOTION AND DISEASE PREVENTION (HP)**

**THE DENTAL HYGIENIST MUST HAVE A GENERAL KNOWLEDGE OF WELLNESS, HEALTH DETERMINANTS, AND CHARACTERISTICS OF VARIOUS PATIENT/CLIENT COMMUNITIES**

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

HP.2 Respect the goals, values, beliefs and preferences of the patient/client while promoting optimal oral and general health.

HP.3 Refer patients/clients who may have a physiological, psychological, and/or social problem for comprehensive patient/client evaluation.

HP.4 Identify individual and population risk factors and develop strategies that promote health related quality of life.

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

HP.6 Evaluate and utilize methods to ensure the health and safety of the patient/client and the dental hygienist in the delivery of dental hygiene services.

**COMMUNITY**

**DENTAL HYGIENISTS MUST APPRECIATE THEIR ROLE AS HEALTH PROFESSIONALS AT THE LOCAL, STATE, AND NATIONAL LEVELS.**

CM.1 Assess the oral health needs of the community and the quality and availability of resources and services.

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

CM.3 Provide community oral health services in a variety of settings.
CM.4 Facilitate client access to oral health services by influencing individuals and/or organizations for the provision of oral health care.

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

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

PATIENT/CLIENT CARE (PC)

DENTAL HYGIENISTS MUST USE THEIR SKILLS TO ASSESS, DIAGNOSE, PLAN, IMPLEMENT AND EVALUATE TREATMENT. The dental hygienist must be able to interpret the gathered evidence, make a differential diagnosis, devise a treatment plan, and re-evaluate for a presumptive diagnosis. Alternative treatment plans need to be identified and shared with the patient to offer autonomous decision making for the patient.

Assessment

PC.1 Systematically collect, analyze and record data on the general, oral and psychosocial health status of a variety of patients/clients using methods consistent with medico-legal principles.

PC.1.1 The dental hygienist must be able to gather the necessary medical and social history data to assess the medical, social, psychological and dental history of the patient.

PC.1.2 The dental hygienist must be able to recognize medical conditions that may require special precautions or considerations before or during dental hygiene treatment.

PC.1.3 The dental hygienist must be able to perform an extraoral and intraoral examination, to know normal pathology and be able to record the findings normal or abnormal.

PC.1.4 The dental hygienist must be able to perform an examination of the teeth and oral cavity and accurately record the results including dental charting, periodontal examination, indices and risk assessment.

PC.1.4.1 Tobacco Risk Assessment

PC.1.4.2 Systemic Risk Assessment

PC.1.4.3 Caries Risk Assessment

PC.1.5 The dental hygienist must be able to determine the need for radiographs.

PC.1.6 The dental hygienist must be able to distinguish normal from abnormal anatomical findings on radiographs including analysis on the quality and improvement of radiographic techniques.

PC.1.7 The dental hygienist must be able to identify conditions and diseases that affect dietary intake and food selection, and recognize risks and benefits of alternative food patterns.

PC.1.8 The dental hygienist must be able to recognize the need for caries.
evaluation and assess the dietary, fluoride supplement, and home care needs to aid the patient in controlling their caries rate
PC 1.9 The dental hygienist must understand the pathogenesis of periodontal diseases in order to plan treatment for patient

**Diagnosis**

PC. 2 The dental hygienist must use critical decision making skills to reach conclusions about the patient's/client's dental hygiene needs based on all available assessment data.

PC.2.1 Use assessment findings, etiologic factors, and clinical data in determining a dental hygiene diagnosis
PC 2.2 Identify patient/client needs and significant findings that impact the delivery of dental hygiene services
PC 2.3 Obtain consultations as indicated

**Planning**

PC. 3 Collaborate with the patient/client, and/or health professionals, to formulate a comprehensive dental hygiene care plan that is patient/client-centered and based on current scientific evidence.

PC 3.1 Prioritize the care plan based on the health status and the actual and potential problems of the individual to facilitate optimal oral health
PC 3.2 Establish a planned sequence of care (educational, clinical and evaluation) based on the dental hygiene diagnosis; identified oral conditions; potential problems; etiologic and risk factors; and available treatment modalities
PC 3.2.1 Case Presentations
PC 3.3 Establish a collaborative relationship with the patient/client in the planned care to include etiology, prognosis, and treatment alternatives
PC 3.4 Make referrals to other health care professionals
PC 3.5 Obtain the patient's/clients informed consent based on a thorough care presentation
PC 3.6 Informed Consent

**Implementation**

PC.4 Provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health. Assist in achieving oral health goals formulated in collaboration with the patient/client.

PC 4.1 Infection Control
PC 4.2 Periodontal Debridement and Scaling
PC 4.3 Perform dental hygiene interventions to eliminate and/or control local etiologic factors to prevent and control caries, periodontal disease and other oral conditions
PC 4.4 Control pain and anxiety during treatment through the use of accepted clinical and behavioral techniques
PC 4.5 Provide life support measures to manage emergencies in the patient/care environment
PC 4.6 Application of pit and fissure sealants
PC 4.7 Application of chemotherapeutic agents
PC 4.8 Application of fluorides
PC 4.9 Coronal Polishing
PC 4.10 Care of Oral Prostheses
PC 4.11 Care and maintenance of restorations
PC 4.12 Health education and preventive counseling
PC 4.13 Nutritional Counseling

Evaluation

PC.5 Evaluate the effectiveness of the implemented clinical, preventive, and educational services and modify as needed.
PC.5.1 Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient/client self-report
PC 5.2 Evaluate the patient's/client's satisfaction with the oral health care received and the oral health status achieved
PC 5.3 Provide subsequent treatment or referrals based on evaluation findings
PC 5.4 Develop and maintain a health maintenance program
PC 5.5 Develop a plan to evaluate patient satisfaction and assess the quality of patient education and therapeutic treatment

Professional Growth and Development

PGD.1 Identify alternative career options within health-care, industry, education, and research and evaluate the feasibility of pursuing dental hygiene opportunities.

PGD.2 Develop management and marketing strategies to be used in non-traditional health care settings.

PGD.3 Access professional and social networks to pursue professional goals
Central Georgia Technical College
Department of Dental Hygiene
Allied Health Requirements and Procedures for Drug Screening

I. Policy: Central Georgia Technical College’s Allied Health Division is committed to providing a safe patient care environment and fostering the well-being and health of its students, faculty, and employees. The provision of effective, safe patient care is dependent upon health care providers being in full control of their manual dexterity and skills, mental faculties, and judgment. The use of alcohol and/or drugs, lawful or otherwise, which interferes with the judgment and/or motor coordination of student health care providers in a health care setting poses an unacceptable risk for patients, colleagues, the College, and affiliated clinical sites. Therefore, use of or impairment by these substances during class attendance; and/or the possession, distribution, or sale of alcohol or any controlled or illegal drugs while on CGTC premises or while participating in CGTC courses/functions will not be tolerated.

II. Applicability: This policy applies to all students enrolled in the following degree and diploma programs of the Allied Health Division or their related certificates:
   A. Dental Hygiene
   B. Medical Assisting
   C. Practical Nursing
   D. Radiologic Technology
   E. Surgical Technology

III. Definitions:
   A. Allied Health Program: Dental Hygiene, Medical Assisting, Practical Nursing, Radiologic Technology, and Surgical Technology.
   B. Returning student: a student who is actively enrolled in an Allied Health Program, attending courses, and returning each semester without a break in enrollment.
   C. Re-entry student: a student who enrolls in a clinical course after a period of non-enrollment at CGTC.
   D. Transfer student: a student who was previously enrolled at another postsecondary institution, transfers credit from that institution to CGTC, and enrolls in a clinical course as a new CGTC student.
   E. Transient student: a student in good standing at another accredited institution who enrolls in a clinical course in order to complete work to be transferred back to the parent institution.
   F. Program chairperson: the faculty member who by virtue of appointment is given responsibility by Central Georgia Technical College for administration of the specific Allied Health Program in which the student is enrolled.
   G. Division chairperson: the faculty member who by virtue of appointment is given responsibility by Central Georgia Technical College for administration of the Allied Health Division and all program activities.
H. Occurrence or injury that requires medical treatment: An incident that requires medical treatment (other than first aid) administered by a physician or by registered professional personnel under the standing orders of a physician. Medical treatment does not include first-aid treatment (one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which does not ordinarily require medical care) even though provided by a physician or registered professional personnel.

I. Reasonable Suspicion: objective and identifiable evidence which forms a reasonable basis for concluding that it is more likely than not that a person has engaged in the use of alcohol or drugs. Facts which could give rise to reasonable suspicion include, but are not limited to: the odor of alcohol or drugs, impaired behavior such as slurred speech, decreased motor coordination, difficulty in maintaining balance, marked changes in personality or job performance, and unexplained accidents.

IV. Attachments:
A. Drug and Alcohol Screening Acknowledgment of Responsibility
B. Drug and Alcohol Screening Medication Disclosure
C. Consent to Release Drug Screening Results
D. Documentation of Required Drug Screening

V. Procedures: In accordance with the policies and procedures of CGTC’s affiliated facilities, the following procedures have been established.

A. Drug Testing Prior to Entering Clinical Site
   1. Drug screening will be required for any student enrolled in an Allied Health Program who will be performing clinical rotations and engaging in patient care. (See Attachment A – Acknowledgment of Responsibility.)
   2. Drug screening will be completed prior to clinical attendance on dates scheduled by the program chairperson (a 3-day time window will be established, no earlier than 10 days and no later than 7 days prior to clinical start date).
      a. Returning, transfer, and transient students are required to have the drug screen prior to their first CGTC clinical experience.
      b. Re-entry students are required to have a drug screen prior to clinical attendance following any break in enrollment.
         1. A student who fails to complete the drug screening within the scheduled time frame will be withdrawn from the course in which the clinical rotation is required.
      c. An exception to completion within the time frame due to extenuating circumstances may be granted by the program chairperson on an individual basis. Request for exception must be submitted by the student to the program chairperson in writing. If granted, the test date for said exception will be scheduled at the program chairperson’s discretion.
         1. The student will incur the cost for the drug screening at a site designated by CGTC.
2. A student who is under the care of a physician and is taking prescription medication must disclose this information prior to completing the drug screen. (See Attachment B – Medication Disclosure form.)

B. Drug Screening During the Clinical Period
   1. Random: At the discretion of the program chairperson, a random drug screen may be performed at any time while students are enrolled in clinical courses at CGTC.
      a. Central Georgia Technical College will absorb the cost of random drug screening.
      1. Post-Accident: A drug screen will be required following any occurrence or injury that requires medical treatment as defined by OSHA (whether the student is injured or the injury contributor), whether to the student, patient, visitor, staff, faculty, or property.
      b. The cost for post-accident drug screening will be incurred by the student. (Should the accident be clearly determined to be of no fault of the student, CGTC will absorb the cost of the screening.)
      1. Reasonable Suspicion: A student may be required to submit to a drug screen for the following reasons:
         c. At any time when there is reason to believe that the student has used intoxicants, based on the observed behavior and conduct of the student, previous or current health status, absenteeism record, or any other observation which suggests that the use of intoxicants may be influencing the student’s behavior or condition.
         d. After the discovery of any missing controlled substance or other unusual event which suggests that a student has violated this procedure or has mishandled a controlled substance.
            i. The decision whether the student is to submit to the testing will be made jointly by the supervising CGTC clinical faculty member and the assigned representative of the clinical facility.
            ii. Where testing is required, the student will report immediately for the specimen to be collected.
            iii. The student will incur the cost of the drug screen for reasonable suspicion.
            iv. The CGTC clinical faculty member will accompany the student to have the testing performed and will remain with the student until the procedure is completed.
            v. Once the specimen is obtained, the student shall be suspended from the clinical experience until the results of the testing are received.
            vi. The CGTC faculty member will document the reason for conducting the test and suspension (if necessary). (See Attachment D – Documentation of Required Drug Screening.)
            vii. Depending on the results of the test, the appropriate course of action will be taken by the Program
Chairperson (taking into consideration section V. C. of this policy, the Student Code of Conduct as documented in the Student Handbook for the Allied Health Program in which the student is enrolled, and any applicable policies and procedures as documented in the CGTC Catalog/Student Handbook).

C. Disposition of Drug Screening
   1. Negative test results – The student will be allowed to progress in the clinical practicum requirement of the course(s) and will be subject to policies and procedures of CGTC and the affiliated clinical site.
   2. Positive test results – A positive drug screening shall be grounds for dismissal from the Allied Health Program without the possibility of re-entry.
      a. An exception to program dismissal may be considered in the instance that a student is under a physician’s care and is taking a prescribed substance. The exception can only be granted when the student disclosed the substance prior to testing and when the assigned representative of the clinical facility and CGTC staff are in agreement that the substance does not impair the student and that the student does not pose a threat to safety.
         1. A student’s failure to submit to a required drug screening (initial, re-entry, random, post-accident, or reasonable suspicion), or attempting to tamper with, dilute, contaminate, or switch a sample will result in the student’s dismissal from the Allied Health Program without the possibility of re-entry.

D. Confidentiality and Security of Records
   1. All screening results and other documentation shall be the property of CGTC and will be retained in a locked file by the CGTC Allied Health Division Chairperson.
   2. All records pertaining to drug screening will remain confidential and will not be released to a third party without signed consent from the student. (See Attachment C – Consent to Release Drug Screening Results.)
      a. CGTC shall have the right to use and disclose the results of drug testing required by this policy in connection with internal academic purposes and in connection with the defense of any student grievance and any claims filed by a student, or by his/her personal representative, in any court of law or with any state or federal administrative agency.
         1. Prior to placement at an affiliated clinical site, the student shall sign a consent to:
            b. abide by the drug/alcohol policies and drug testing policies of CGTC’s affiliated clinical facility
            c. submit to any drug testing required by the affiliated clinical facility
            d. release a copy of any and all drug testing results to the CGTC Allied Health Division Chairperson

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1. Failure to sign the consent form shall be grounds for non-placement at affiliated clinical facilities and shall result in dismissal from the program.

E. Appeal Process - A student may appeal the decision to dismiss through the established Appeals Procedure as documented in the CGTC Catalog/Student Handbook.
Central Georgia Technical College  
Department of Dental Hygiene  
Ethical/Professional Behavior Guidelines

Ethical behavior should take place in all classrooms; however, in dental hygiene even higher standards apply due to the professional nature of the program and the serious responsibilities of health care providers.

The following are guidelines for ethical behavior for students in the dental hygiene program at Central Georgia Technical College. They are an adaptation of guidelines prepared by the American Association of University Professors (1987) and appearing in The Teaching Professor, January 1996. Faculty pledge to uphold these standards and expect the same from students. The statement of understanding at the end of these guidelines includes understanding and acceptance of these standards and guidelines.

As a student at Central Georgia Technical College, you are ethically obligated to:

1. Adhere to Principles of Ethics of the American Dental Hygienists’ Association by:
   • Providing oral health care utilizing highest professional knowledge, judgment, and ability.  
   • Serving all patients without discrimination.  
   • Holding professional patient relationships in confidence.  
   • Utilizing every opportunity to increase public understanding of oral health practices.  
   • Generating public confidence in members of the dental health profession.  
   • Cooperating with all health professions in meeting the health needs of the public, including exchange of professional knowledge.  
   • Recognizing and upholding the laws and regulations governing this profession.  
   • Representing dental hygiene with high standards of personal contact.

2. Engage in the free pursuit of learning by:
   • Seeking help and clarification when needed.  
   • Respecting the opinion of others and their right to voice it.  
   • Seeing beyond individual personalities in order to appreciate individual contributions to the learning environment.

3. Adhere to ethical scholarly standards by:
   • Avoiding plagiarism and all other breaches of academic honesty.  
   • Avoiding approval, acceptance, or encouragement of, or participation in fellow students’ dishonesty, and bringing any such instances to the attention of the faculty.
4. Acknowledge, accept, and expect accurate assessment of your learning by:
   - Understanding each instructor’s methods and rationale for grading and asking for clarification if you do not understand.
   - Engaging in accurate, fair, and objective self-assessment of your own work.
   - Engaging in constructive, non-defensive discussion with your instructor about discrepancies between your self-assessment and the instructor’s assessment of your work.
   - Refraining from comparing assessments and grades of classmates so as not to diminish classmates’ self-esteem.

5. Avoid harassment, discrimination, and exploitation by:
   - Getting to know classmates and instructors as individuals rather than applying prejudices and stereotypes.
   - Contributing your full effort in team and collaborative projects.
   - Respectfully voicing your expectation of full participation in team and collaborative projects to fellow students.
   - Not discouraging in any way, any fellow student's full participation in collaborative projects.
   - Being careful not to make racist, sexist, or other types of discriminatory remarks during class, lab or clinic.
   - Being careful not to monopolize class discussion time so that others do not have a chance to participate.
   - Listening attentively so that class time is not wasted repeating material a second time.
Central Georgia Technical College  
Department of Dental Hygiene  
General Program Policies

The student must comply with each of the objectives regarding the following concepts:

A. Professionalism

1. A professional attitude is expected of each student throughout any pre-clinical/clinical procedure.

2. The primary objective of the dental hygienist is to provide quality dental care.

3. Others look to the professional person for leadership and expect more than a simple demonstration of good manners.

4. Being professional requires interpersonal, inter-professional and community relationships of high ethical standards.

B. Confidentiality

1. Information the dental hygiene student obtains from or about the patient (e.g., medical and dental history, extraoral-intraoral exam, periodontal charting, dental charting, radiographs, etc.) must be considered privileged.

2. This information cannot be disclosed to a third party without the patient’s consent, except under the following circumstances:
   a. The information is important to public health and may be illegal not to disclose the data
   b. Information may be discussed with the clinical instructor or instructors directly supervising the dental hygiene student
   c. Information may be discussed with a specialist to whom the patient is being referred
   d. Information may be shared with the patient’s physician
   e. Information may be discussed with the parent or legal guardian of a minor child or an incompetent individual

C. Appearance

General guidelines are based on accepted principles of safety and appropriateness. The dental hygiene student will strictly follow principles of good grooming in order to
promote the prevention of cross contamination.

PATHOGENIC BACTERIA AND SOME VIRUSES, NOTABLY HBV, CAN SURVIVE SEVERAL WEEKS ON DRY SURFACES OR CLOTHING.

1. Hair
   a. Because hair is exposed to much contamination, it must be worn out of the face and off the collar at all times. No elaborate coiffures, beads, extensions, large bows or scarves should be worn in the hair. Hair should be pinned back so that it does not fall forward during patient care. Hair must be clean, neatly groomed and of a natural hair color. Hairstyle must be conducive to daily washing due to spray and splatter created routinely in the dental environment. Simple, tasteful hair accessories should be used to secure the hair out of the face and off the collar.
   b. Facial hair should be covered with a facemask or face shield.
   c. An appropriate head cover is advised when using the Ultrasonic Scaler or the Air Powder Polisher.
   d. Wigs may be worn, if desired, provided the same appearance guidelines are followed.

2. Makeup
   a. Make-up should be light and natural looking. (If it comes off on the mask, it is too heavy.)
   b. Noticeable colognes, perfumes, and scented body lotions should not be worn.

3. Nails
   a. Nail polish (except clear) is NOT allowed.
   b. Nails must be very short and clean with smooth tips. (Not visible from palm side of hand.)
   c. Nails must be clean and well-manicured.
   d. Artificial nails are not allowed due to the possibility of infection.

4. Clinical faculty reserves the right to confer with students about their appearance.
B. Attire

1. Clinic Uniform and Lab Coat
   a. Students will wear the school designated royal blue scrubs uniform, uniform patch, and dosimeter badge for all laboratory and clinical sessions. **Pants should be hemmed so that they do not drag on the floor/ground.** Students will wear clean, pressed, wrinkle-free white lab coat with cuffs during patient care.
   b. The laboratory coat is not to be worn outside dental hygiene clinic.
   c. Students must wear scrubs underneath their laboratory coat.
   d. Students must remember that they are not only representing the dental hygiene profession but also CGTC.

2. Shoes
   a. Only white clinic brand shoes or white athletic shoes are to be worn in the clinic.
   b. No multicolor shoes or shoes with any writing or designs are to be worn in the clinic area.
   c. Shoes are to be clean and in good repair with clean shoelaces.

3. Socks/Hosiery
   a. White socks, at least 1 inch above top of shoe are to be worn with the clinic shoes. Hose must be white and in good repair.

4. Glasses, Gloves, and Mask
   a. Safety glasses are part of the required laboratory attire and must be worn by the clinician during all clinic procedures to protect the eyes from pathogens harbored in spatter and aerosols.
   b. Prescription glasses must have side shields, or safety glasses must be worn over prescription glasses.
   c. Patients must wear protective eyewear for all procedures excluding radiography.
   d. **Ocular infection with herpes simplex virus is especially hazardous. Hepatitis B can also be**
TRANSMITTED VIA SPATTER AND AEROSOLS THROUGH THE EYES

e. Heavy utility gloves will be worn during all cleanup activities and instrument handling procedures in the clinic. These gloves are to be purchased by the student.

f. Latex or vinyl examining gloves will be worn during all instrumentation, examination, and patient care procedures in the clinic.

g. Masks will be worn during all instrumentation, examination, and patient care procedures in the clinic.

5. Jewelry

a. Earrings may be worn only in the ear lobe. (No other piercings are allowed.)

b. Earrings are not to extend beyond the ear lobe.

c. No more than one earring per ear is to be worn.

d. Male students may not wear earrings.

e. A watch may be worn if it is covered by cuff of clinic lab jacket.

f. No other jewelry is permitted when a student is in pre-clinical or clinical attire; this includes rings (except wedding band), necklaces, and ankle bracelets.

g. Visible body piercing ornamentation (other than pierced ear lobes) is not permitted.

h. Visible tattoos must be covered with make-up or a skin toned band-aide.

i. Clinical faculty reserves the right to confer with students about their attire or appearance.

6. Personal and Oral Hygiene

a. No smoking is allowed in any classroom or clinic area.

b. The oral hygiene of the dental hygiene student should represent the ideals of good dental health.

c. Clinical faculty reserves the right to confer with students about their personal hygiene.
7. Unprofessional behavior that puts the patient in jeopardy, unprofessional attitudes, or negligence of any of the responsibilities mentioned in this manual can result in the student being dismissed from the clinic session and/or points being subtracted from the final grade.

8. Additional Clinic Policies:

   a. Regardless if you have a patient or not, you will be in the clinic 30 minutes before the start of clinic or you will be marked absent for 1 hour.
   b. You are never free in the clinic. If a patient CANCELS prior to the clinic session or does NOT SHOW:
      - Attempt to find another patient.
      - See if a patient already scheduled with you would like to be treated sooner.
      - Call patients on the Screening Schedule and/or patients on the Short-call list.
      - See if any of your classmates’ patients brought family members who would like to be treated.
      - Look for a patient on campus
      - Have a faculty member assign you a “Paper Patient.”
   
   c. Do not disturb students while they are treating patients.
   
   d. Do not request any supplies from a student when they are treating patients.
   
   e. Do not strike up informal conversations with students when they are treating patients.
   
   f. You are responsible for cleaning, sharpening, and sterilizing your own instruments.
   
   g. You are responsible for flushing your own water lines and attaching water bottles.
Central Georgia Technical College
Department of Dental Hygiene
Gift Policy

Purpose:
This document summarizes the policy and procedures related to non-cash and cash gifts presented to the Central Georgia Technical College Dental Hygiene academic and staff employees, provide the maximum amounts authorized for an award, and specify the funds that may be used for such purposes. Gifts to employees as an expression of sympathy are also covered under this policy.

GIFTS OF CASH ARE NOT PERMITTED.
STUDENT-TO-FACULTY/STAFF GIFTS ARE HIGHLY DISCOURAGED.
FACULTY/STAFF-TO-STUDENT GIFTS ARE HIGHLY DISCOURAGED.

Allowable Awards/Gifts:

1. Academic and Staff Employee Recognition: An employee’s noteworthy accomplishment may be acknowledged by the presentation of an item of tangible personal property of minimal value (flowers, fruit, book, event ticket, plaque, etc) or a non-negotiable gift certificate. Recognition awards are meant to be occasional, and therefore must be given on an infrequent basis. The cost of these gifts MAY NOT EXCEED $75.

2. Sympathy Gifts: Flowers or similar gifts of tangible personal property may be presented as an expression of sympathy in the event of the death or major illness of an employee or member of the employee’s family/household. The cost of these gifts MAY NOT EXCEED $75.

Approvals:
The CGTC Program Director has authority to approve recognition and sympathy gifts.

Procedures:
Submit a request for recognition and sympathy gifts to the CGTC Program Director as follows:

1. A description of the gift;
2. The name and department of the recipient, and;
3. The type of gift and the reason for giving it.
### CGTC DEPARTMENT OF DENTAL HYGIENE

#### GRADUATION REQUIREMENTS

### PATIENT CASE TYPE (DEGREE OF DIFFICULTY) REQUIREMENTS

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Patient Requirements: Pedo (≤12): 4; Adolescent (12-17): 2; Adult (18-59): 28; Geriatric(60+): 8; Special Needs: 6

### PROFICIENCIES/REQUIREMENTS

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### RADIOGRAPHIC REQUIREMENTS

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Central Georgia Technical College  
Department of Dental Hygiene  
Health Insurance Portability and Accountability Act of 1996

Introduction

HIPAA is federal law that requires special training for health occupations students on policies and procedures with respect to protected health information. It is important that you understand the concepts, especially as they apply to your position and responsibilities as a student.

The Privacy Regulations require clinical sites to create a fair set of practices that:
- Inform people about how their information is used and disclosed
- Ensure that people have access to their own information
- Maintain administrative and physical safeguards to protected health information (PHI)

It is important that you are mindful of these regulations, even if you do not routinely encounter protected health information as part of your job responsibilities.

Protected health information (PHI) is any information that relates to the past, present, or future physical or mental health or the condition of an individual.

HIPAA is the first federal law establishing privacy standards that define and limit the circumstances in which an individual’s PHI may be used or disclosed by others. The law provides patients with more control over how their personal health information is used and disclosed.

Policies have been developed on the use and access to information you need to carry out your job duties. The use of PHI should always be kept to what is relevant to the circumstances.

The Use of Protected Health Information

HIPAA requires reasonable efforts to limit use, disclosure of, and request for PHI to the minimum necessary to accomplish the intended purpose. The rule requires clinical sites to assess PHI to what is reasonably necessary for a particular purpose and identify who needs access to what PHI.

For routine or recurring disclosures, departments should have policies and procedures that limit PHI to the minimum necessary for that particular type of disclosure or request. For non-routine disclosures, reasonable criteria should be used to limit disclosures to the minimum necessary PHI to accomplish the purpose. Non-routine disclosures should be referred to the department manager.
For disclosures not for treatment, payment or operations, clinical sites must obtain a signed authorization for release of information. There are circumstances when an authorization is not required, for example, reporting child abuse. These exceptions are listed in the HIPPA Compliance Policy. The clinical sites must reasonably safeguard protected health information from any intentional or unintentional use or disclosure that is not allowed or authorized.

Remember:
- All forms of PHI are covered under the Privacy Rule.
- Clinical sites must assess what PHI is reasonably necessary for a particular purpose.
- For routine or recurring disclosures, the policies and procedures may be standard protocols.
- For non-routine disclosures, departments must develop reasonable criteria for determining the minimum necessary PHI to accomplish the purpose.
- Clinical sites must reasonably safeguard PHI from any intentional or unintentional use or disclosure that is not allowed or authorized.

Clinical sites have agreements that hold their business associates and their agents to the same conditions of privacy and security. If a business associate violates the agreement, reasonable steps must be taken to make sure a breach does not occur again.

Privacy and Confidentiality

Privacy is the right of an individual to be left alone, including freedom from intrusion into one's private affairs and includes the right to maintain control over certain personal information. Confidentiality means that information is NOT made available or disclosed to unauthorized individuals, entities, or processes. (PPP 44)

In healthcare, confidentiality is maintained through the ethical behavior of healthcare workers so that an individual's health information is NOT disclosed unless called for by law, policy, or with the individual’s consent or authorization.

With the growth of electronic systems to aid medical diagnostics, claims processing, and research, it is crucial to improve privacy and confidentiality.

The privacy rule sets a national lower limit for the privacy and confidentiality of health information. State laws that provide additional privacy protections also apply. The privacy rule does not pre-empt state mandates for disclosures.

Patient Rights

Patients' rights have been expanded under HIPAA. In general, individuals now have the right to:
- Receive a written notice of information practices. This document puts the patient on “notice” of their new rights and how the clinical site uses their health information.
The notice includes information on how to:

- inspect or copy their PHI
- restrict the use and disclosure of PHI. Supervisors should be contacted.
- request amendments or corrections.
- receive an accounting of disclosures for purposes other than treatment, payment, or healthcare operations.
- Disclosures, such as reporting a disease, a child abuse case, or when necessary, alerting a law enforcement agency is required and may be documented in the patient’s medical record.
- Register complaints
  - “Opt-out.” Patients can choose to be included in the hospital registry, the clergy registry, both, or neither.
  - request confidential/alternative communications. (example: individuals may wish to receive appointment reminders by e-mail.)

There are conditions and exceptions to these rights. The intent of the regulation is to make it easier for patients to understand and take responsibility for their healthcare.

For more information, please review the website:

**Breaches and Sanctions**

HIPAA is a federal law and individuals are personally accountable for compliance. Violators will be subjected to sanctions and penalties including:
- violations of these standards will be subject to civil liability.
- Civil money penalties are $100.00 per violation, up to $25,000.00 per year.
- Criminal penalties for certain actions could include up to 10 years in jail.

Civil penalties are imposed for unintentional violations, which can be just sloppy private practices. For example, a hospital employee noticed the name of an acquaintance on a discharge list. She saw him a week later at a game and asked him if he was feeling better. While this would probably not generate a formal complaint, she should have known better than to inquire about his medical condition, especially in a public place.

**Role of the Office of Civil Rights**

The Health and Human Service’s Office for Civil Rights is charged with investigating and reviewing HIPAA compliance. For further information, visit their website at www.hhs.gov/ocr/hipaa/.
Central Georgia Technical College  
Department of Dental Hygiene  
Physical and Mental Performance Requirements

The dental hygiene curriculum leading to an Associate of Applied Science degree requires students to engage in diverse, complex, and specific experiences essential to the acquisition of essential dental hygiene skills. Unique combinations of cognitive, affective, psychomotor, physical, and social abilities are required to satisfactorily perform these functions. In addition to being essential in the successful completion of the requirements of an Associate of Applied Science degree in dental hygiene, these functions are necessary to ensure the health and safety of patients, fellow candidates, faculty, and other healthcare providers. The essential qualifications that students must demonstrate include but are not limited to the following:

- Students must have the intellectual, conceptual and critical thinking abilities to assess, analyze, reason and synthesize data in order to draw sound conclusions and make clinical decisions. Students must be able to problem solve as well as obtain, interpret, and document information.
- Students must have effective oral and written communication skills in order to accurately transmit information appropriate to the ability of patients, colleagues, and other healthcare workers. Students must be able to read and write legibly in English with proper spelling of medical and dental terms.
- Students must have gross and fine motor skills sufficient to lift and operate equipment and provide safe and effective dental hygiene care. Students must be able to reach and adjust the x-ray tube which is at a height of 52-60 inches from the floor. Students must assist or move patients from wheelchairs, when necessary, into the dental chair using proper body mechanics. Students must also have the motor skills necessary to perform basic life support and first aid in event of an emergency situation.
- Students must have interpersonal skills such that they are capable of interacting with individuals, families, and groups from a variety of social, economic, and ethnic backgrounds.
- Students must have the physical mobility necessary to move from place to place in small spaces as well as full range of motion, manual, and finger dexterity.
- Students must have physical endurance that enables them to stay on task for a prolonged period while sitting, standing, or moving.
- Students must have visual and perceptual abilities sufficient for observation of patients, oral conditions, and assessment. Students must have the ability to discriminate between subtle changes in oral conditions clinically and radiographically. Students must possess a high degree of hand-eye coordination.
• Students’ auditory ability and other sensory skills must be sufficient to monitor and assess the health needs and diagnose the oral conditions of patients as well as maintain patient safety.

• Students’ tactile sensitivity must be sufficient for the use of detection, light pressure, and control when using small instruments in the oral cavity.

• Students must demonstrate professional attitudes and behaviors. Students must be able to use reasonable judgment under stressful conditions that impact patient care. Students must be able to tolerate taxing workloads, function effectively under stress and time constraints, adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in clinical problems of many patients. Students must be able to work independently as a member of a team to maintain the highest ethical standards in relation to quality care. Students must possess attributes such as compassion, empathy, altruism, integrity, honesty, responsibility, and tolerance. Students must be able to present a professional appearance, maintain personal health, and be emotionally stable. Students must display excellent oral hygiene and dental health reflective upon the chosen profession of dentistry.

If a student does not meet the essential qualifications of the dental hygiene program, he/she may be dismissed from the program.

Incoming students must provide documentation of a physical exam within the last 12 months prior to entrance into the Dental Hygiene Program and documentation proving the following current immunizations: Measles, Mumps, Rubella, Tetanus, Varicella, and Diphtheria. A negative PPD (Tuberculin skin test) is also required prior to entrance into the program.

It is highly suggested that incoming students begin the Hepatitis B immunization series immediately upon acceptance into the Dental Hygiene Program, or provide proof of immunization against Hepatitis B. Any student declining vaccination will be counseled on the benefits and safety of the vaccine and must sign a Hepatitis B Vaccine Declination form.

Dental Hygiene students perform Category I & II tasks: “All tasks/procedures/activities where there is the definite potential for contact with blood, other potentially infectious body materials or airborne pathogens.” These tasks include: exposure to blood/fluids, handling contaminated sharps, cleaning contaminated equipment, suctioning of oral cavity, sterilizing contaminated instruments, and general chair side procedures.
Central Georgia Technical College  
Department of Dental Hygiene  
Policy on Third Party Comments

The Commission currently publishes, in its accredited lists of programs, the year of the next site visit for each program it accredits. In addition, the Commission posts its spring and fall announcements on the Accreditation Announcements area of ada.org for those programs being site visited January through June or July through December. Developing programs submitting applications for initial accreditation may be scheduled for site visits after the posting on ada.org; thus, the specific dates of these site visits will not be available for publication. These programs will be listed in the Accreditation Announcements with a special notation that the developing programs have submitted applications for initial accreditation and may or may not be scheduled for site visits. Parties interested in these specific dates (should they be established) are welcomed/encouraged to contact the Commission office.

The United States Department of Education (USDE) procedures now also require accrediting agencies to provide an opportunity for third-party comment, either in writing or at a public hearing (at the accrediting agencies’ discretion) with respect to institutions or programs scheduled for review. All comments must relate to accreditation standards for the discipline and required accreditation policies. In order to comply with the department’s requirement on the use of third-party comment regarding program’s qualifications for accreditation or pre-accreditation, the following procedures have been developed.

**WHO CAN SUBMIT COMMENTS:** Third-party comments relative to the Commission’s accredited programs may include comments submitted by interested parties such as faculty, students, program administrators, Commission consultants, specialty and dental-related organizations, patients, and/or consumers.

**HOW COMMENTS CAN BE SOLICITED:** The Commission will request written comments from interested parties in the spring and fall Accreditation Announcements on ada.org. In fairness to the accredited programs, all comments relative to programs being visited will be due in the Commission office no later than 60 days prior to each program’s site visit to allow time for the program to respond. Therefore, programs being site-visited in January through June will be listed in the fall posting of the previous year and programs scheduled for a site visit from July through December will be listed in the spring posting of the current year. Any unresolved issues related to the program’s compliance with the accreditation standards will be reviewed by the site visit team while on-site.

Those programs scheduled for review are responsible for soliciting third-party comments from students and patients by publishing an announcement at least 90 days prior to their site visit. The notice should indicate the deadline of 60 days for receipt of third-party comments in the Commission office and should stipulate that comments must pertain only to the standards for the particular program or policies and procedures used in the Commission's accreditation process. The announcement may include
language to indicate that a copy of the appropriate accreditation standards and/or the Commission's policy on third-party comments may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611, or by calling 1/800-621-8099, extension 4653.

**TYPES OF COMMENTS CONSIDERED:** All comments submitted must pertain only to the standards relative to the particular program being reviewed or policies and procedures used in the accreditation process. Comments will be screened by Commission staff for relevancy. For comments not relevant to these issues, the individual will be notified that the comment is not related to accreditation and, where appropriate, referred to the appropriate agency. For those individuals who are interested in submitting comments, requests can be made to the Commission office for receiving standards and/or the Commission's Evaluation Policies and Procedures (EPP).

**MANAGEMENT OF COMMENTS:** All relevant comments will be referred to the program at least 50 days prior to the site visit for review and response. A written response from the program should be provided to the Commission office and the site visit team 15 days prior to the site visit. Adjustments may be necessary in the site visit schedule to allow discussion of comments with proper personnel.
POLICY FOR PREGNANT STUDENTS WHO ARE EXPOSED TO IONIZING RADIATION IN 
THE COURSE OF THEIR EDUCATION

This policy has been adopted for those students who may become pregnant while enrolled in a 
program in which they are exposed to ionizing radiation. Central Georgia Technical College is 
very interested in the protection of the unborn child, and will take every reasonable step to 
safeguard the safety of the mother and the unborn child throughout the pregnancy. Current 
radiation protection standards and scientific evaluations have demonstrated that, with proper 
protection, the student may work safely throughout the term of the pregnancy. The purpose of 
this policy is to provide the pregnant student with necessary protection in accordance with all 
standards and regulations while at the same time assuring the performance of assigned tasks 
throughout the pregnancy.

Declared Pregnant Worker

Federal and State regulations were modified in 1994 to introduce the term “declared pregnant 
worker.” A declared pregnant woman is defined as a woman who has voluntarily informed her 
employer, in writing, or her pregnancy and the estimated date of conception. The regulations 
allow a pregnant woman to decide whether she wants to formally declare her pregnancy to take 
advantage of lower dose limits for the embryo/fetus. This regulation has been applied to 
students as well. The pregnancy may be declared as soon as conception is confirmed, or at 
any time during the pregnancy.

Once the pregnancy is declared, this institution is required to ensure that the unborn child does 
not receive more than 500 millirem (5 mSv) during the term of the pregnancy, as determined by 
the radiation dosimeter, which is worn at waist level on the clinical lab coat. In the event that the 
student has already received 450 millirem (4.5 mSv) or greater from the date of conception to 
the date that the pregnancy is declared, the regulations permit the unborn child to receive a 
maximum of 50 millirem (.5 mSv) during the remaining term of the pregnancy. It is up to each 
student to make her own decision regarding the declaration of pregnancy. In all cases, the 
school requires that radiation doses to the student as well as to the unborn child shall be 
maintained, “As Low As Reasonably Achievable (ALARA).”

When a student confirms that she is pregnant, she has several choices. She may choose to 
NOT declare the pregnancy, in which case no changes will be made to the student’s schedule 
and the embryo/fetus will be subject to the same radiation dose limits that apply to other 
occupational workers.

If the student decides to declare the pregnancy, she must do so in writing. Once the student 
completes a “Declaration of Pregnancy” (see attached form), she needs to meet with the Dental 
Hygiene Program Director to discuss her options. These include the following:

1. She may choose to withdraw from the program and re-enter after delivery to 
complete the program.
2. She may choose to continue the program without interruption of the routine clinical 
lab courses.
3. She may choose to continue the program without interruption of the routine
clinical lab courses as long as radiation exposure to the embryo/fetus does not exceed .5 rem (5 mSv) during the entire pregnancy. This could necessitate a change in the schedule and this option might result in a delay in graduation until those clinical lab courses could be completed.

4. She may choose to discontinue clinical lab courses and remain in the academic classes until after delivery, and then complete clinical lab courses. This option would delay completion of the program.

The student may revoke the Declaration of Pregnancy at any time if she believes that it is in her best interest to do so, and the lower dose limit for the embryo/fetus would no longer apply. In order to revoke the Declaration of Pregnancy the student must do so in writing and must complete the Withdrawal of Pregnancy Form. A copy of this form is available in the Program Directors electronic files. This policy is discussed with student during the first semester. The program faculty reviews the policy during new student orientation.

Use of Protective Devices
Film badges designated for use at the waist level must be properly managed at all times. Proper utilization of film badges during radiation exposure is mandatory.

Nuclear Regulatory Commission Position
NRC regulations and guidance are based on the conservative assumption that any amount of radiation, no matter how small, can have a harmful effect on an adult, child, or unborn child. This assumption is said to be conservative because there are no data showing ill effects from small doses; the National Academy of Sciences recently expressed “uncertainty as to whether a dose of, say, 1 rad would have any effect at all.” Although it is known that the unborn child is more sensitive to radiation than adults, particularly during certain stages of development, the NRC has not established a special dose limit for protection of the unborn child. Such a limit could result in job discrimination for women of childbearing age and perhaps in the invasion of privacy (if pregnancy tests were required) if a separate regulatory dose limit were specified for the unborn child. Therefore, the NRC has taken the position that special protection of the unborn child should be voluntary and should be based on decisions made by workers and employers who are well informed about the risks involved.

(Taken from Appendix B, Pregnant Worker’s Guide, Nuclear Regulatory Commission.)

(Regulatory Guidelines can be found on the ADA website: http://www.ada.org/~/media/ADA/Member%20Center/Files/Dental_Radiographic_Examinations_2012.ashx)
Central Georgia Technical College

DECLARED PREGNANCY FORM

All information on this form will be kept privileged and confidential.

To Whom It May Concern:

In accordance with current state regulations, I wish to declare that I am pregnant. I believe I became pregnant in ______________ (only the month and year need be provided).

In making this declaration, I wish to be afforded the protection, which is specified under this regulation, specifically, that the unborn child shall not receive in excess of 500 millirem (5 mSv) during the term of the pregnancy. I understand that if records show that I have received 450 millirem (4.5 mSv) or greater at the time of this declaration, the unborn child is permitted to receive an additional dose of no more than 50 millirem (.5 mSv) during the term of the pregnancy.

I also understand that meeting the lower dose limit may require a change in my clinic schedule during my pregnancy, which could result in a delay in graduation.

_________________________________  ______________________________
Date of Declaration                      Student Signature

RECEIPT OF DECLARATION ACKNOWLEDGED:

_________________________________
Dental Hygiene Program Director

49
Central Georgia Technical College
Withdrawal of Pregnancy Declaration Form
All information on this form will be kept privileged and confidential.

To Whom It May Concern:

I am withdrawing my previous declaration of pregnancy in writing. I understand that by submitting this form I agree to the lifting of any previous clinical restrictions imposed on me as a result of my pregnancy, and to the removal of additional dosimeters.

I also understand that it is my sole responsibility to give this written notification to Central Georgia Technical College Dental Hygiene program director of my decision to withdraw my declaration of pregnancy.

________________________________________
Date of Withdrawal ____________________ Student Signature

RECEIPT OF WITHDRAWAL ACKNOWLEDGED:

________________________________________
Dental Hygiene Program Director
Central Georgia Technical College  
Department of Dental Hygiene  
Procedure to File a Complaint  

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

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

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

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

A notebook containing a record of student complaints related to the Commission’s accreditation standards is located in the CGTC Dental Hygiene Clinic.
Central Georgia Technical College
Department of Dental Hygiene
Program Patient Requirements for Clinic

The student must meet the following minimal requirements by the end of their last semester in order to graduate from the Dental Hygiene Program.

Students will be given a syllabus listing all requirements for the semester. This will include the minimal number of patients and types of treatment to be completed during the semester. It is the student's responsibility to complete the given number of requirements during the semester. Failure to do so will result in a grade Incomplete for unmet requirements. Dismissal from the program will result if incomplete requirements are not completed within the first two weeks of the subsequent semester. Final semester seniors MUST complete all clinic requirements by the last day of clinic in order to complete the program.

A screening process may be used to assess the pool of new patients coming to the clinic. The screening process includes a medical history review, vital signs, intra-oral and extra-oral examinations, periodontal screenings and appropriate radiographs when indicated. Patients deemed acceptable for the Dental Hygiene Clinic are assigned a tentative Degree of Difficulty level by the clinic faculty; the patient is then scheduled with a student by the program secretary. This system is used to evaluate new patients and distribute the more complex patient treatment cases to the students.

The student should be aware that providing their own patients may be necessary in order to complete the requirements.

Time will be allotted in the appointment book for such scheduling. If a student completes the requirements, it will be considered professional courtesy to allow fellow students the opportunity of providing treatment in order to complete their requirements. In order to ensure that the student is competent in providing treatment to a variety of patient types and degrees of difficulty, the student will be required to provide treatment to the child, adolescent, adult, geriatric, and medically compromised patient prior to graduation. The student must complete the following minimal number of patient types and degrees of difficulty during the clinical portion of the program:

- Pedo (ages 12 and under) Goal: 4
- Adolescent (ages 13-18) Goal: 2
- Geriatric (ages >59) Goal: 8
- Adult (ages 19-59) Goal: 28
- Medically Compromised* Goal: 6
- Special Needs** Goal: 6
- Degree of Difficulty I Goal: 16
- Degree of Difficulty II Goal: 12
- Degree of Difficulty III Goal: 6
- Degree of Difficulty IV Goal: 4
The student will be required to see an average of twenty patients each semester his/her senior year. It is recommended that students complete more than the minimum of each patient type and degree of difficulty per semester. Patients may qualify for more than one category.

*Medically Compromised includes conditions in the following categories which could result in alterations of treatment. Students should record the type of medical problem for each patient in the classification.

- Cardiovascular diseases (hypertension, CHF, stroke, valvular disease; hx of infective endocarditis, congenital heart conditions, cardiac transplant w/possible problem with heart valve)
- Respiratory diseases (asthma, emphysema, tuberculosis)
- Kidney/liver diseases
- Immunosuppressed
- Arthritis/autoimmune disorders (lupus, gout, Sjögren’s syndrome, scleroderma, RA & osteoarthritis)
- Diabetes
- AIDS
- Blood Disorders (bleeding disorders, platelet disorders, sickle cell anemia, other anemias)
- Cancer
- Prosthetic joint replacements
- Substance abuse (alcoholism, drug abuse)

** Special Needs includes conditions in the following categories which could result in alterations of treatment. Students should record the type of special need for each patient in the classification.

- Pregnant patient
- Mental retardation
- Epilepsy
- Autism
- Cleft lip/palate
- Mental disorders (depression, schizophrenia, bipolar disorders, anxiety disorders, eating disorders)
- Blindness
- Hearing impaired
- Any physical disability that would affect self-homecare
Students should be aware of the following conditions that could result in alterations of treatment:

- Allergies (particularly to latex)
- Gastrointestinal disorders (bleeding, ulcers, Crohn’s disease)
- STDs (gonorrhea, syphilis, herpes)
- Hyperthyroidism
- Smoking/tobacco use

In addition to the minimum requirements stated above, students will be required to provide the following services throughout the dental hygiene program:

**Assessment**

The systematic collection and analysis of the following data to identify patient needs and oral health problems.
- medical and dental histories
- vital signs
- extra/intra-oral examination
- periodontal and dental examination
- radiographs
- indices
- risk assessments (i.e. tobacco, systemic, caries)

**Dental Hygiene Diagnosis and Planning**

The establishment of realistic goals and treatment strategies to facilitate optimal oral health.
- dental hygiene diagnosis
- dental hygiene treatment plan
- informed consent
- dental hygiene case presentation

**Implementation**

Provision of treatment as identified in the assessment and planning phase.
- infection control
- periodontal debridement and scaling
- pain management
- application of chemotherapeutic agents
- fluoride therapy
- application of pit and fissure sealants
- coronal polishing
- care of oral prostheses
- care and maintenance of restorations
- health education and preventive counseling
- nutritional counseling
**Evaluation**

Measurement of the extent to which goals identified in the treatment plan were achieved.

a) indices
b) reevaluation of oral and periodontal health status
c) subsequent treatment needs
d) continuing care (recall)
e) referral
f) patient satisfaction
Central Georgia Technical College  
Department of Dental Hygiene  
Standards of Progress

Graduates of Central Georgia Technical College’s Dental Hygiene Program will be qualified to take the National Board Dental Hygiene Examination administered by the American Dental Association.

Dental Hygiene students desiring to be licensed in Georgia will take the CRDTS practical examination.

The standards of progress in the Dental Hygiene Program must correspond to competency levels required for licensure in order to:

- Provide a realistic assessment of students’ progress towards licensure requirements.
- Encourage students to establish goals appropriate to the level of performance required for licensure and promote student awareness of progress toward meeting those goals.

The standards for progress in the Dental Hygiene Program are as follows:

**SATISFACTORY PROGRESS**: a student is in good standing and making satisfactory progress with the semester GPA (grade point average) is 2.0 or higher.

**ACADEMIC DISMISSAL**: Students who are academically dismissed are excluded from enrollment. An earned grade of 69% or less for a prerequisite course will result in academic dismissal with no probationary period.

**GRADUATION REQUIREMENTS**: in order to meet graduation requirements, your semester and cumulative GPA must be 2.0 or higher during your final semester of the Dental Hygiene Program. Those students who do not meet this requirement will not be allowed to graduate.

**READMISSION FOLLOWING ACADEMIC OR DISCIPLINARY DISMISSAL**: Students dropped from any Dental Hygiene course for attendance (i.e., maternity, health related, family illness, personal difficulties), academic reasons, or students who have made less than a “C” in a Dental Hygiene course will be not be allowed to remain in the dental hygiene program. Students have the option of reapplying to the program the following year. Re-entry to the program will be granted on a competitive and space-available basis. Due to the intense nature of Dental Hygiene courses, re-entry students must take the final exam for all previously taken didactic courses and score a “C” or higher for re-entry credit for a course. There will be no re-entry credit for courses that are over two years old. Clinical skills competency for re-entry students will be determined by the Dental Hygiene program faculty.

**PREREQUISITES AND COURSE SEQUENCE**: Students must achieve a minimum course grade of C (70 or higher) for progress from specified prerequisite courses to more advanced courses.
Central Georgia Technical College  
Department of Dental Hygiene  
Student Code of Conduct

A critical incident is defined as any action or failure to take action, which may result in, or has the potential to result in harmful effects to the well-being of an individual. Such incidents should be recorded and reported following the normal chain of command immediately. Each critical incident should be taken very seriously and will be evaluated on an individual basis by a committee composed of, but not limited to, Director of Instruction, Program chairperson, and the instructor of record.

In order that the rights and safety of all students are protected, we ask that your activities be governed by reasonable rules of conduct. The following acts are among those that shall constitute cause for disciplinary action. This is not a finite list.

Failure to attend clinic on scheduled clinic days without prior approval from the Program Director will constitute a grade of “0” for each scheduled clinic session. Students who provide a physician’s excuse for the absence will not receive a “0.”

Each component of the Code of Conduct will be assigned a Grade I or Grade II. A Grade I incident will constitute immediate dismissal from the clinical/classroom setting for one week from when the incident occurred. The student will receive a grade of “0” for any clinic missed during that week. A Grade II incident will constitute one written warning. A second Grade II incident of the same nature will constitute immediate dismissal from the clinical/classroom setting for one week from when the incident occurred. The student will receive a grade of “0” for any clinic missed during that week.

A total of two Grade I or three Grade II incidents (of any nature) in the same semester will be grounds for dismissal from the clinical/classroom setting for the remainder of the semester.

Grade I

1. Stealing or willfully destroying or damaging any property of the dental hygiene clinic, patients, visitors, personnel, instructors, or fellow students.

2. Reporting for, or attempting to work while under the influence of alcohol, drugs, or narcotics, or in a physical condition making it unsafe or unsatisfactory to continue clinical practice as a dental hygiene student.

3. Patient abuse (Physical, mental, verbal).

4. Altering, falsifying, or making a willful misstatement of facts on any patient record chart or any student record.

5. Submitting work that is not your own work, or submitting work that was previously submitted for another course requirement.
6. Speaking negatively, using profanity, or making libelous statements about the facility, Dental Hygiene faculty, or fellow students, and family members.

7. Violating client rights as defined by law. (e.g. Confidentiality)

8. Failure to report any activity or incident that adversely affects the patient.

9. Any act that is deemed sufficient in the clinical instructor’s view, which hinders the quality of the patient care, rendered by a student of CGTC.

10. Abandonment – Leaving the clinical site during assigned clinical hours without the clinical instructor’s knowledge/permission.

11. Smoking in unauthorized areas.

12. Disobedience or insubordination to a clinical instructor, Dental Hygiene faculty, or the Dental Hygiene chairperson.

13. Disorderly, unethical, or indecent conduct in the classroom or the clinical setting.

**Grade II**

1. Discussing personal problems with the patient.

2. Consuming food or beverages at unauthorized times or in unauthorized areas. **Water (no other beverages) is (are) permitted in the classroom.** Food/beverages should be consumed during break times and only outside the buildings or in the Student Center.

3. Failure to follow the chain of command as outlined in the CGTC Student Handbook.

4. Failure to address the Dental Hygiene Faculty and facility staff by title and last name.

5. Family members/friends are not to contact students at the clinical site or visit students during clinical time. If necessary, family members/friends may contact CGTC at (478) 218-3348 South Campus or (478) 757-3488 North Campus, and the student will be contacted through the instructor for any messages.

6. Taking more time than the specified time for meals or breaks.

7. The omission or commission of any act deemed clinically unsafe, unethical, or unprofessional by the clinical instructor.

8. Fraternization with employees or representatives of the clinical facilities is prohibited during clinical hours.

9. Sleeping in class.
THE HONOR SYSTEM

Student behavior is addressed in the Central Georgia Technical College Catalog. It shall be the responsibility of every student to abide by the policies in the college catalog and this manual to conduct one’s self so as not to impair the welfare of or the educational opportunities in the dental community.

It shall be the further responsibility of every student enrolled in the Dental Hygiene Program to obey the honor code which prohibits lying, cheating, or stealing, and to report any such cases of which he/she has knowledge.

GRIEVANCE PROTOCOL

1. Calmly discuss the problem with the instructor.
2. If the problem still exists, a meeting will be arranged with the Dental Hygiene Program Director to attempt to resolve the issue.
3. If the problem still exists, follow the appeal/grievance procedures on the Central Georgia Technical College website.
**Work Ethics Evaluation Form**

Central Georgia Technical College  
Department of Dental Hygiene  

**WORK ETHICS**  
**Course**: DHYG_____  
**Practice Clinic**: I II III IV  
**Student Name**: ________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>APPEARANCE</th>
<th>ATTITUDE, RESPECT</th>
<th>ATTENDANCE</th>
<th>COOPERATION, PRODUCTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Student displayed professional clinical attire</td>
<td>Student's attitude reflected professionalism &amp; respect to others</td>
<td>Student was punctual; did not leave clinic w/o permission during session &amp; stayed until end of class/clinic</td>
<td>Student participated in the class/clinical experience and did not waste time</td>
</tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CHARACTER</th>
<th>ORGANIZATION</th>
<th>TEAMWORK</th>
<th>COMMUNICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student maintained ethical standards and character traits: honesty, dependability and initiative, etc. were evident</td>
<td>Student displayed organization and brought appropriate supplies for the course</td>
<td>Student demonstrated teamwork during the class/clinic session</td>
<td>Proper oral, written &amp; nonverbal communication skills were displayed</td>
</tr>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Instructor Comments (include date):**

__________________________________________________________________________

**Midterm Grade:** ____________________________  
**Student Signature**: ________________  
**Date**: ___________  
**Faculty Signature**: ____________________________

**Final Semester Grade:** ____________________________  
**Student Signature**: ________________  
**Date**: ___________  
**Faculty Signature**: ____________________________
Central Georgia Technical College  
Department of Dental Hygiene  
Dental Hygiene Work Ethics Policy

To be effective, technical education must include two key elements. First, it must provide training and experience that approximates, as nearly as possible, the environment of the workplace. The program content, instructional methods, tests, equipment, lab projects and practices must be current, up-to-date and reflect the conditions you will encounter on the job. Of equal importance, an effective technical education program must identify and develop personal characteristics often referred to as “good work habits.” These include: attendance, character, teamwork, appearance, attitude, productivity, organizational skills, communication, cooperation and respect. Studies show the reason 85% of persons lose jobs is because they lack good work habits rather than lack appropriate job skills. Factors most often cited are tardiness and absenteeism, failure to follow instructions, inability to get along with supervisors or fellow workers, etc.

Work ethics grades are recorded in your permanent record (transcript). In most cases, employers will request a copy of your transcript to evaluate your qualifications. Since employers place a high value on work ethics, good work ethics grades can enhance the prospect for employment; on the other hand, poor work ethics grades will be a barrier to finding a job.

At Central Georgia Technical College, we believe it is extremely important to identify, evaluate and encourage good work habits as an integral part of the instructional program. A work ethics grade will be given each semester for each course completed. Work ethics grade(s) will be printed on student transcripts. The work ethics rating scale is:

3-Exceeds expectations  1-Needs Improvement
2-Meets expectations  0-Unacceptable
Safety, Emergency, and Infection Control Protocols
Central Georgia Technical College  
Department of Dental Hygiene  
Autoclave Protocol  
Midmark/LISA

1. Prepare items for sterilization:
   a. Wearing utility gloves with personal protective equipment, place cassette 
      in ultrasonic making sure solution covers cassette.
   b. Place lid on ultrasonic and run for 20 minutes.
   c. Remove cassette and thoroughly rinse with warm water to remove 
      detergent.
   d. Gently shake cassette over sink to remove excess water. Place in dryer.
   e. Remove from dryer when finished. Wrap cassette with sterilization wrap 
      (or autoclave bag) and seal with monitor tape. Mark cassette with date 
      and initials. Monitor tape allows quick identification of wrapped cassette 
      and confirmation that item has passed through the sterilization process.

2. Load sterilizer:
   a. Place cassette and other packaged items in autoclave.
   b. Plastic must be placed in top rack to keep from overheating.
   c. DO NOT OVERLOAD! Air space is necessary between packages.
   d. Items may be stacked crosswise but no more than 2 layers deep.

3. Start Autoclave:
   a. Turn power on.
   b. Check water level in tank. Fill with distilled water only as needed.
   c. Close and lock door to autoclave.
   d. Press “Pouches” and start button.
   e. When autoclave is finished, allow to cool before opening door.
   f. Remove instruments with heat resistant gloves provided by the clinic.
   g. Allow instruments to completely dry prior to storing.
**Statim 5000**

1. Prepare items for sterilization:
   a. Wearing utility gloves with personal protective equipment place cassette in ultrasonic making sure solution covers cassette.
   b. Place lid on ultrasonic and run for 20 minutes.
   c. Remove cassette and thoroughly rinse with warm water to remove detergent.
   d. Gently shake cassette over sink to remove excess water. Place in dryer.
   e. Remove from dryer when finished. Wrap cassette with sterilization wrap (or autoclave bag) and seal with monitor tape. Mark cassette with date and initials. Monitor tape allows quick identification of wrapped cassette and confirmation that item has passed through some sort of heat process.
   f. **Monitor tape does not indicate that package is sterile** (sterility is verified by spore indicator testing of autoclave/STATIM).

2. Load sterilizer:
   a. Remove cassette from sterilizer and place on counter top.
   b. Open lid and place autoclave packs inside cassette. Load no more than 2-3 layers at a time.
   c. Close lid and assure that it is properly sealed.
   d. Return cassette to sterilizer.
   e. Press “pouches” and “start” to run sterilization cycle
   f. When finished, carefully remove cassette wearing heat resistant gloves provided by the clinic.
   g. Remove instruments and let air dry completely prior to storing.
Central Georgia Technical College  
Department of Dental Hygiene  
Basic Life Support Policy

It is the policy of the Central Georgia Technical College Dental Hygiene Program to provide students, faculty, and supporting staff with skill and knowledge to assess and respond to basic medical emergencies. We emphasize American Heart Association cardiopulmonary resuscitation (CPR) with use of AED and American Red Cross first aid methods. A successful pass rate of 85% or better will be required. Renewal of the recognition will be based on the American Heart Association and American Red Cross expiration date, which is usually two years.

Any modifications necessary for medically and/or physically challenged individuals will be based on, but not limited to, current, local, state, and federal special needs legislation.

All records and documentation will be accurately kept with individual name and date of expiration of CPR card. It will be the responsibility of the CPR instructor and Dental Hygiene Program Director to record and maintain such information. Also, any modification made will be recorded and a list maintained by the Dental Hygiene Program Director.
MedPro is the designated biohazard waste disposal service for Central Georgia Technical College. Pick up is scheduled twice a year, once in October and April.

When a red biohazard container is full, it will be capped/secured appropriately and placed in a lined regulated medical waste container. It will be scheduled for pick up during the next rotation cycle.

Any questions regarding disposal of medical waste should be directed to:

**Tony J. Dugan**, MS, MT(ASCP)DLM  
*Clinical Laboratory Tech Program Director*

3300 Macon Tech Drive  
Macon, Georgia 31206  
P: 478.757.3571  
F: 478.757.3534  
tdugan@centralgatech.edu
Central Georgia Technical College
Department of Dental Hygiene
Blood Pressure and Temperature Guidelines

**Temperature:** Patients will be dismissed from the Dental Hygiene Clinic if their temperature is 100°F or higher.

**Prehypertension**

If systolic is 120-139 and/or diastolic is 80-89, write and highlight: ‘PRE-HYP’ right beside the blood pressure reading (initial reading and all subsequent readings that are PRE-HYP).
- Note as a Problem in DH Care Plan & write suggest an Intervention (referred to MD/advised to monitor frequently/discussed diet/weight control/smoking cessation/etc....)
- Note PRE-HYP in the HQ section of the treatment record.

**Stage 1 Hypertension**

If systolic is 140-159 and/or diastolic is 90-99, add a HYPERTENSION alert label to the record and note in HQ section of treatment record.
- Note as a Problem in DH Care Plan & suggest an Intervention (referred to MD/advised to monitor frequently/discussed diet/weight control/smoking cessation/etc....)
- Note HYPERTENSION in the HQ section of the treatment record.

*Evaluate blood pressure at the beginning of each appointment; if pressure remains is the same range for three consecutive appointments, refer client to his physician*

**Stage 2 Hypertension**

If systolic is 160+ and/or diastolic is 100+, add a HYPERTENSION alert label and follow Stage 1 procedures.

*Retake blood pressure in 5 minutes; if pressure remains at the same level, conduct a medical consultation before the next appointment.*

**CGTC Dental Hygiene clinic dismissal policy remains the same:**

*Patients will be dismissed if readings equal or exceed 180/110.*
## Blood Pressure Classification for Adults

<table>
<thead>
<tr>
<th>Blood Pressure Classification</th>
<th>Systolic Blood Pressure (mm Hg)</th>
<th>Diastolic Blood Pressure (mm Hg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal (routine dental treatment recommended)</td>
<td>&lt;120</td>
<td>&lt;80</td>
</tr>
<tr>
<td>Prehypertension (routine dental treatment recommended)</td>
<td>120-139</td>
<td>80-89</td>
</tr>
<tr>
<td>Stage I hypertension (routine dental treatment recommended; assess risk factors, refer for consultation with physician of record)</td>
<td>140-159</td>
<td>90-99</td>
</tr>
<tr>
<td>Stage 2 hypertension (refer for consultation with physician of record)</td>
<td>≥160</td>
<td>≥100</td>
</tr>
</tbody>
</table>

## Adult Blood Pressure Interventions Used in the Dental Hygiene Process of Care

<table>
<thead>
<tr>
<th>Blood Pressure (mm Hg)</th>
<th>ASA Physical Status Classification</th>
<th>Dental and Dental Hygiene Therapy Considerations and Interventions Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;140 systolic and &lt;90 diastolic (Normal)</td>
<td>I</td>
<td>• No unusual precautions related to client management based on blood pressure readings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Recheck in 6 months</td>
</tr>
<tr>
<td>140-159 systolic and/or 90-94 diastolic</td>
<td>II</td>
<td>• No unusual precautions related to client management based on blood pressure readings needed unless blood pressure remains above normal after 3 consecutive appointments</td>
</tr>
<tr>
<td>(Mild hypertension)</td>
<td></td>
<td>• Recheck blood pressure before dental or dental hygiene therapy for three consecutive appointments; if all exceed these guidelines, seek medical consultation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Stress reduction protocol if indicated, such as administration of nitrous oxide analgesia should be considered</td>
</tr>
<tr>
<td>160-199 systolic and/or 95-114 diastolic</td>
<td>III</td>
<td>• Recheck blood pressure in 5 minutes; if still elevated, seek medical consultation before dental or dental hygiene therapy</td>
</tr>
<tr>
<td>(Moderate hypertension)</td>
<td></td>
<td>• No unusual precautions related to client management based on blood pressure readings after medical approval is obtained</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Stress reduction protocol if indicated, such as administration of nitrous oxide analgesia should be considered</td>
</tr>
<tr>
<td>≥200 systolic and/or ≥115 diastolic (Severe hypertension)</td>
<td>IV</td>
<td>• Recheck blood pressure in 5 minutes; immediate medical consultation if still elevated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• No dental or dental hygiene therapy until elevated blood pressure is corrected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If blood pressure is not reduced using nitrous-oxide analgesia, only (noninvasive) emergency therapy with drugs (analgesics, antibiotics) is allowable to treat pain and infection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Refer to hospital if immediate dental therapy is indicated</td>
</tr>
</tbody>
</table>
IN CASE OF ACCIDENT OR ILLNESS:

• ASSURE THAT THE SCENE IS FREE OF HAZARDS
• KEEP INDIVIDUAL STILL AND MAKE HIM/HER COMFORTABLE
• MAKE SURE INDIVIDUAL HAS ADEQUATE AIR
• CONTROL BLEEDING

IF FIRST AID IS NEEDED, APPLY ONLY THAT WHICH IS ESSENTIAL BEFORE ARRIVAL OF MEDICAL ASSISTANCE.

WHILE YOU ARE ADMINISTERING FIRST AID, HAVE SOMEONE NOTIFY THE INSTRUCTOR OR THE DIRECTOR/COORDINATOR OF INSTRUCTION OFFICE.

THE INSTRUCTIONAL DIRECTOR/COORDINATOR WILL TAKE THE STEPS NECESSARY TO ENSURE THAT ADDITIONAL MEDICAL ASSISTANCE IS PROVIDED IF NEEDED.

INSTRUCTORS MUST REPORT ALL INJURIES OR ILLNESS, BOTH MAJOR AND MINOR, TO THE DIRECTOR/COORDINATOR INSTRUCTIONAL OFFICE ON AN ANECDOTAL FORM.

EMERGENCY AMBULANCE SERVICE - Dial 911
Central Georgia Technical College  
Department of Dental Hygiene  
Evacuation Assembly Areas

North Campus

Fire- In the Book Store Parking Lot (behind the building)

Bomb- In the Lowe's Parking Lot (by Rooms To Go)

South Campus

Fire- Behind the Parking Lot (along the trees and directly in front of the Clinic)

Bomb- Across Cohen Walker Drive (on the corner of Cohen Walker and Sutherlin St.)
Central Georgia Technical College  
Department of Dental Hygiene  
Contaminated Needle/Sharps Injury Protocol

**Purpose:** To inform the student of the steps to follow in the event of a contaminated needle or sharps injury; splash of blood and/or body fluids to the eyes or mucous membranes.

**Preventive Measures:** Always wear personal protective equipment to protect yourself from exposure to blood and/or bodily fluids. Wash hands frequently, be aware of your surroundings and follow safety protocols. Understand, accidents occur and are not a ground for punishment or retribution of any kind, so, please report sharp injuries immediately.

**Step 1**
Immediately remove gloves and wash the affected area with soap and water for three minutes, rinse eyes and mucous membranes with plain water for 3 minutes.

**Step 2**
Notify Instructor/Preceptor of the incident and assist them in completing the incident report for Central Georgia Technical College.

**Step 3**
Preferably within 2 hours of the incident, but if longer than 2 hours still report for lab work up.

**South Campus:** Report to Apple Care Medical located at 151 S. Houston Lake Road, Suite 190, Warner Robins, GA. Open 7:30 am - 7:30 pm weekdays, Saturday 8:30 am - 5 pm, Sunday 10 am - 4 pm with your completed incident report to present to the receptionist as proof of sharps injury.

**North Campus:** Report to Macon Occupational Medicine located at 124 3rd Street, Macon, GA. Open 7:30 am - 7:00 pm weekdays with your completed incident report to present to the receptionist as proof of sharps injury. (478) 751-2900

Notify the receptionist that you are a student from Central Georgia Technical College and you have sustained a sharps injury.

If students decide to take the prophylactic medications, his/her private insurance is responsible for treatment beyond the work up labs.

**Step 4**
Return the incident report to the Exposure Control Coordinator (Environmental Health and Safety Program Specialist) at CGTC within 24-48 hours of the incident: Stephen Hutto 478-757-3436  shutto@centralgatech.edu

*A copy of the incident report should also be sent to Carol Jones, Human Resources Director.*
Step 5

Six months after the incident if students desire to be retested, CGTC will pay for follow up lab work up. Contact the Infection Control Coordinator at the appropriate campus in person to schedule an appointment.

POST EXPOSURE FOLLOWS UP (BLOOD OR O.P.I.M.)

If the faculty or staff member or student has a percutaneous (needlestick, cut or puncture) or mucous membrane (splash to the eye, nasal mucosa, or mouth) exposure to body fluids (blood or other infectious materials) or has a cutaneous exposure when they have chapped or abraded skin, or otherwise non-intact skin it shall be reported as an exposure incident to the faculty member and/or the technical college Infection Control Coordinator.

Following the report of an occupational exposure incident the faculty or staff member or student shall complete an accident/incident report. The employee will be offered a confidential medical evaluation and follow up which will include the following information:

1. Documentation of the route(s) of exposure, HBV and HIV antibody status of the patient(s) (if known), and the circumstances under which the exposure occurred. This information should also be posted to the Master Sharps Injury Log.

2. If it is feasible, and the source patient can be identified, and permission is obtained, collection and testing of the patient's blood to determine the presence of HIV and/or HBV infections shall be conducted.

3. If the source patient refuses consent, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, their blood, if available, shall be tested and the results documented. If the source patient is already known to be HIV or HBV positive then testing need not be repeated.

4. Results of the source patient's testing shall be made available to the faculty or staff member or student, and the faculty or staff member or student shall be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

5. The exposed faculty or staff member or student's blood shall be collected as soon as feasible and tested after consent is obtained from the exposed person.

6. If the faculty or staff member or student consents to baseline blood collections, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least ninety days. If within the ninety days of the exposure incident, the faculty or staff member or student elects to have the baseline sample tested, such testing shall be done as soon as feasible.

7. The technical college shall ensure that the healthcare professional responsible for the faculty or staff member or student's Hepatitis B vaccination is provided a copy of the regulation for "Occupational Exposure to Blood Borne Pathogens."
8. The technical college shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
   a. A copy of the regulation for "Occupational Exposure to Blood borne Pathogens".
   b. A description of the faculty or staff member or student's duties as they relate to the exposure incident.
   c. Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
   d. Results of the source individuals blood testing, if available.
   e. All medical records relevant to the appropriate treatment of the employee including vaccination status, which are the technical college's responsibility to maintain.

The technical college shall obtain and provide the employee with a copy of the consulting healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether the vaccination is indicated and if the faculty or staff member or student received such vaccination. The healthcare professional's written opinion for post-exposure evaluation and follow up shall be limited to the following information:

a. That the faculty or staff member or student has been informed of the results of the evaluation.
b. That the faculty or staff member or student has been told about any medical conditions resulting from exposure to blood or other infectious materials which require further evaluation or treatment.

All other findings shall remain confidential and shall not be included in the written report.

The Infection Control Coordinator shall establish and maintain a Sharps Injury Log to document exposure incidents as required under paragraph (2) of subsection C of the Georgia Code. The information to be recorded for each exposure incident is specified in paragraph (3) of subsection C of the Georgia Code.

Medical records required by the standard governing occupational exposure shall be maintained as outlined in 29 CFR 1910 Blood Borne Pathogens Standard.

Student medical records shall be retained for a period of one year after graduation, completion, termination or leaving the technical college.
Exposure Incident Report and Follow-Up Form
for
Exposure to Bloodborne/Airborne Pathogens/Tuberculosis

INCIDENT REPORT

Date of report: _______________________

Name of person exposed: _______________________________________________________________

Employee Number or Student Number: ____________________________________________________

If Student: Program/Course: ____________________________________________________________

If Employee: Job Title: __________________________________________________________________

Location of incident: ___________________________________________________________________

Date and time of incident: __________________________________________________________________

Describe circumstances of exposure incident or attach report: _________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

FOLLOW-UP

☐ Person involved in incident referred to appropriate health care professional for follow-up.

☐ Documentation of medical release is on file at work unit or technical college and clinical or work

site (if appropriate). Alternate employment duties/academic activities assignment may be considered based on the opinion of the employee’s/student’s appropriate healthcare provider.

☐ Name, address and phone number of medical professional providing follow-up care:

___________________________________________________________________________________

___________________________________________________________________________________

Identify Individuals to whom copies were sent within 24 hours:

Exposed Person’s Supervisor/Academic Coordinator: ______________________________

Work Unit or Technical College Exposure Control Coordinator: _____________________________

Clinical or Work Site Contact Person: ________________________________________________

Name/Title of person preparing Exposure Incident Report and Follow-up Form:

__________________________________  ____________________________________

(Printed)  (Signature)
Central Georgia Technical College
Department of Dental Hygiene
General Safety Protocol

Exposure Control Plan

1. The Exposure Control Plan notebook is located in the sterilization room in the cabinet below the Midmark sterilizer #2 (South Campus). An additional Exposure Control Plan notebook is located in the Program Director’s office (South Campus). The Exposure Control Plan notebook is located on the bookshelf in the locker room hallway (North Campus). The Exposure Control Plan is also available on the CGTC website www.centralgatech.edu.

2. The SDS notebook is located in the sterilization room in the cabinet below the Midmark sterilizer #2 (South Campus) and the bookshelf in the locker room hallway (North Campus).

Fire Safety:

1. Diagrams are posted in the dental hygiene clinic indicating escape routes in case of fire.

2. Illuminated exit signs are present in the hallway outside of the dental hygiene clinic.

3. A fire alarm is located in the hallway outside of the dental hygiene clinic (South Campus and North Campus) as well as in the clinic next to the locker room (South Campus).

4. Fire extinguishers are available for use by the Dental Hygiene Program:
   a. One is located in the hallway outside of the dental hygiene clinic next to the restrooms (South Campus).
   b. One is located in the laboratory in back of Classroom B103 (South Campus).
   c. One is located in Classroom B105 (South Campus).
   d. One is located in the dental hygiene clinic next to the Doctor’s desk (North Campus).
   e. One is located in the hallway outside the dental hygiene clinic next to the outside door (North Campus)
   f. One is located in the dental hygiene laboratory J176 (North Campus).

First Aid:

1. Current cardiopulmonary resuscitation certification is required of all dental hygiene students before starting clinic. In addition, students are required to maintain current CPR certification throughout enrollment. All faculty members maintain current CPR certification as well as receive updates on medical emergencies. The oxygen tank is located in the supply closet next to the exit door in the clinic (South Campus) and by Doctor’s desk (North Campus). The AED is located in the hallway outside of the dental hygiene clinic (South Campus) and Doctor’s desk (North Campus).

2. The Emergency Medical Kit is located in the supply closet next to the exit door in the clinic (South Campus) and Instructor’s desk (noted by the red cross) (North Campus).

3. Any minor first aid problems that cannot be addressed by the clinical faculty are referred to the person’s primary care physician. A first aid kit is available and can be found in the drawer (noted by the red cross) located by the sink next to the
instructor's office as well as at the reception desk (South Campus) and in the drawer (noted by the green cross) located at the Doctor's desk.

4. Post-exposure management procedures are based on CDC guidelines and should be followed up with clinical faculty and the Exposure Control Monitor. Exposure incident (Needle/Sharps Injury) procedures can be found in this Dental Hygiene Clinic Manual.

Eye Wash Station

1. There are eyewash stations located in the Clinic in the following areas:
   a. Sink located next to instructor offices (South Campus)
   b. Sink located between units 5 and 6 (South Campus)
   c. Sink located in x-ray processing room (South Campus)
   d. Sinks located at units 2, 5, and 9 (North Campus)

2. To operate:
   a. With water running, pull actuator pin to flush eyes and face.
   b. Eyewash has 2 soft-spray outlet heads with float-off dustcovers to keep out contaminants.
   c. Irrigate the eyes with soft, wide flow of water necessary to bathe away contaminants.

Hazardous Material:

1. Information on hazardous products is presented in all lab/clinical dental hygiene courses.

2. Students, faculty, and staff have access to the Exposure Control Plan notebook located in the cabinet below the Midmark sterilizer in the sterilization room and in the Program Director's office (South campus) and located on the bookshelf in the locker room hallway (North Campus).

3. The MSDS notebook is located in the cabinet below the Midmark sterilizer in the sterilization room (South Campus) and bookshelf in the locker room hallway (North Campus).

Clinic/Lab Safety:

1. Use safety precautions at all times to prevent or minimize the possibility of injury.

2. Use standard personal protective equipment (PPE: gloves, mask, and protective eyewear with side shields) when working on patients or handling potential infectious/hazardous materials.

3. Take special precaution to use proper instrumentation techniques so as not to injure yourself with sharp instruments.

4. Follow post-exposure management steps and general first aid should an injury occur.

5. Use insulated gloves to avoid burns when opening sterilizers.

6. Run cold water over wound or apply ice immediately in the event of a burn.

7. Allow sterilizers to depressurize and vent properly before opening.

8. Always read and follow label directions and precautions of all chemicals.

9. Always store all chemicals in properly labeled containers.

10. Do not mix materials that might cause a chemical reaction or toxic fumes.

11. Wear PPE to mix and use chemical solutions or when using an aerosol product.
12. Avoid ingestion, inhalation, and contact of chemical solutions with eyes, skin, and clothing. If chemicals or other materials contaminate eyes or skin, rinse and flush with water. Eyewash stations can be found in the clinic.
13. Consult MSDS for information on chemicals used in labs/clinics. The MSDS notebook can be found in the sterilization room.
14. Wear standard PPE when cleaning and disinfecting treatment areas. This includes evacuation traps on the dental units.
15. Wear utility gloves when disposing of trash and other disposable contaminated items.
16. Do not eat, drink, or handle contact lenses where occupational exposure is likely to occur.
17. Personal protective equipment (PPE) must be removed and hands washed prior to leaving the clinic/lab areas.
Central Georgia Technical College  
Department of Dental Hygiene  
Glove Protocol

The use of gloves is an extremely effective infection control procedure that prevents the transmission of pathogens by direct and indirect contact. Next to immunization, gloves offer the dental hygienist the most significant barrier to disease transmission, protecting both the dental hygienist and the patient from cross-infection.

1. Use proper handwashing technique and dry hands thoroughly prior to donning gloves (see “Handwashing Protocol”).
2. Gloves must be worn whenever contact with blood, saliva, mucous membranes, or contaminated equipment or surfaces is anticipated.
3. Use gloves that fit well. Latex gloves are preferred over vinyl because they provide maximum elasticity with fewer tendencies to tear or break. Use non-latex gloves when needed.
4. Gloves should cover the cuffs of long sleeves of protective clothing.
5. Gloves must be changed for each patient. Examination gloves should not be washed and disinfected for reuse.
6. Gloves should be changed during long appointment procedures. Defects in gloves dramatically increase when they are used beyond 45-60 minutes. Also, moisture accumulates between the gloves and skin, causing bacteria and yeast to grow, which is a common source of skin irritation. This dermatitis has been misinterpreted as an allergic response to latex.
7. Once gloves are donned, the clinician must be careful not to touch any surface not protected by barrier covers, disinfection, or sterilization.
8. At the conclusion of patient treatment, gloves are removed and discarded; and hands are washed prior to escorting patient from the operatory.
9. Hands must be washed before and after each gloving. If not visibly soiled, hands may be disinfected with alcohol-based hand sanitizer.
10. Heavy-duty utility gloves must be worn during post-treatment cleanup of the contaminated operatory and during disinfection and sterilization procedures. Contaminated utility gloves must be washed before reuse. Utility gloves must be discarded if they are cracked, peeling, discolored, torn, punctured, or exhibit other signs of deterioration.
Central Georgia Technical College  
Department of Dental Hygiene  
Handwashing Protocol

Handwashing is considered the most important single procedure for the prevention of cross-contamination and is a basic requirement before donning gloves and immediately after removing gloves. Although gloves play an important role in preventing disease transmission, they do not preclude the need for handwashing. Washing hands prior to donning gloves minimizes the number of microorganisms that will be enclosed in the warm, moist gloved environment. Handwashing prior to donning gloves helps prevent the transmission of resident and transient flora from the clinician to the patient should there be a defect or break in a glove during dental hygiene care.

**Recommended Handwashing Procedures**

**At the beginning of the clinic day prior to first gloving (and just prior to first gloving of any series of appointments):**

1. Don mask and protective eyewear.
2. Remove watch and all jewelry.
3. Clean fingernails carefully.
4. Using cool water and liquid antimicrobial soap, lather hands, wrists, and forearms quickly, rubbing all surfaces vigorously for 2 minutes. Interlace fingers and rub back and forth with pressure. The rubbing friction and lathering loosens debris and microorganisms. Emphasize dominant hand. Direct particular attention to thumb and fingertip areas.
5. Rinse thoroughly for 10 seconds from fingertips toward wrists to rinse away loosened debris and microorganisms. Keep hands higher than elbows through the entire procedure.
6. Repeat lather-and-rinse cycle 2 more times for 10 seconds each. This initial “scrub” should consist of 3 lathering each followed by thorough rinsing with cool water.
7. Dry hands first, then forearms, with clean paper towels taking care not to recontaminate.
8. Dry hands completely before donning gloves.

**Between patients (after first glove removal and before and after each succeeding glove application):**

1. Vigorously lather hands and forearms with liquid antimicrobial soap and water by rubbing for 10 seconds.
2. Rinse with cool water for 10 seconds.
3. Repeat lathering and rinsing procedures two times.
4. Dry hands thoroughly with disposable paper towels.
Hepatitis B is a viral disease that causes systemic infection with primary liver involvement. There is no treatment for this disease. The outcome of Hepatitis B is variable but it can be lethal and 5-10% of infected persons will become carriers.

Vaccination is strongly recommended for health care workers, allied health and nursing faculty and students as well as others whose jobs or training programs involved an inherent potential for skin or mucous membrane contact with blood, body fluids body tissues or a potential for spills of these items.

**PURPOSE:**

The purpose of the vaccination series is to provide prophylactic HBV protection to these faculty members and students in program areas that have the potential of exposure to blood or other potentially infectious body materials.

Hepatitis B vaccination may be required: by clinical facilities/work sites for both faculty members and students prior to any patient/client contact.

**PREPARATION:**

The vaccine is safe, immunogenic, and effective in preventing Hepatitis B.

**VACCINE:**

The vaccine is produced in yeast cells, purified by a series of physical and chemical methods and is free of any human blood product.

**DOSAGE AND ADMINISTRATION:**

1. Given IM only into the deltoid muscle  
2. Three doses of 1 ml. each  
   a. 1st dose  
   b. 2nd dose one month later  
   c. 3rd dose six months after 1st dose  
3. The duration of the protective effect is unknown at the present time.

**ADVERSE REACTIONS**

1. As with any vaccine, an anaphylactic reaction may occur. (<1.0%)  
2. Redness, swelling, warmth, and soreness at the injection site.  
3. Low-grade fever (<101F) is usually confined to the 48-hour period following the injection.
4. Malaise, headache, nausea, dizziness and aching, is usually limited to the first few days following the injection.
5. Urticaria (hives) is rare.
6. In a small number of persons, neurological reactions, including the Gullian-Barre syndrome have occurred in the period following hepatitis B vaccination. The rate occurrence of Gullian-Barre syndrome is not thought to be significantly increased above that observed in normal adults. These reactions are not thought to be related directly to the hepatitis B vaccine.

CONTRAINDICATIONS:

If any of the following are present, the vaccine should not be taken:

1. Hypersensitivity to yeast
2. Hypersensitivity to any component of the vaccine.

PRECAUTIONS:

If any of the following are present, the faculty member/student should consult their private physician before starting the vaccination series.

1. Serious, active infection or illness
2. Severely compromised cardiopulmonary function
3. Pregnancy or lactation

WARNING:

Faculty members or students who are immunocompromised or receiving immunosuppressive therapy should consult their private physician for guidance and dosages prior to starting the vaccination series.
Hepatitis B Vaccination Consent Form

I, by my signature below, consent to Hepatitis B vaccination. I have read the information contained in this document and have had the opportunity to ask questions which were answered to my satisfaction.

I understand that completion of the Hepatitis B vaccination series is necessary to insure the greatest degree of protection. I understand the importance of completing the three-dose series as scheduled (defined as seven calendar days before or after the due date of injection series on days, 1, 30, 180) unless medically contraindicated.

I understand that I must complete 2 of the 3 vaccinations in the series before beginning the clinical phase of training. Failure to do so may limit my clinical experience.

I understand that as with any medical treatment, there is no guarantee that I will become immune, that the Hepatitis B vaccine will prevent me from developing Hepatitis B or that I will not experience any adverse side effect or side effects from the vaccine.

__________________________  ____________________________
Faculty Member Signature  Date  Student Signature  Date

1st Dose Date_____________  2nd Dose Date___________  3rd Dose Date_____________

Booster, if necessary:
Central Georgia Technical College  
Department of Dental Hygiene  
Occupational Exposure to Blood and Air-Borne Pathogens  
Hepatitis B Vaccination Declination Form

Student Name:  
__________________________________________________________________________  
( Last) (First) (Middle)

SS#: _______________________
Program: _________________________________

I understand that due to my occupational training exposure to blood or other potentially infectious body materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine. 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 body materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at cost.

__________________________________________________________________________
Signature of Student

Date

Signature of Dental Hygiene Program Director

Date
Central Georgia Technical College  
Dental Hygiene Department  
Infection Control Policy

Prior to treating patient:

1. Operatory Preparation
   A. Spray Surface Disinfectant
      1. Spray the surface with an approved surface disinfectant (be sure to 
         check the shelf life of the product being used).
      2. Clean the surface by vigorously wiping with 4X4 gauze squares or 
         paper towels.
      3. Disinfect the pre-cleaned surface by re-spraying it and let air dry-
         wipe dry if still wet after 10 minutes.
      4. Remove and discard gloves and wash hands.
   B. Towelettes Surface Disinfectant
      1. Completely pre-clean surfaces to be disinfected.
      2. Thoroughly wet the surfaces with a towelette and allow to remain 
         wet for 6 minutes.
      3. Although efficacy of a 1 minute contact time has been shown to be 
         adequate against HIV-1 (AIDS virus), this time would not be 
         sufficient for control of other organisms.
   C. Barriers
      1. Obtain surface barriers, supplies, and sterile instruments and other 
         equipment from the supply area.
      2. Cover the following surfaces with the appropriate barrier
         a. light handles & light switch
         b. chair, arm rest & chair brake
         c. tray cover
         d. handpiece
         e. pens/pencils, thermometer, calculator
   D. Fill water bottle.
   E. Flush air/water lines for 2 minutes prior to beginning appointment; 30-60 
      seconds between patients.
   F. Remove all items not used during patient treatment from countertops.

II. After patient is seated

1. Adjust chair and headrest.
2. Place patient napkin.
3. Take or update histories, discuss treatment, do necessary paperwork.
4. Have patient rinse thoroughly with appropriate anti-microbial mouth rinse.
5. Instructor check.
6. Open instrument packages without touching the instruments.
7. Place eyewear and mask
8. Hand wash procedure
   a. Remove jewelry and gently clean fingernails.
b. Lather for 10 seconds with anti-microbial soap.
c. Rinse under cool tap water.
d. Lather again for 10 seconds.
e. Rinse again and towel dry.

9. Put on gloves (preferably in view of the patient)
10. Connect sterile handpiece, air/water syringe tip, HVE tip, and saliva ejector tip.

III. During patient care

1. Restrict the spread of microorganisms from patient’s mouth.
   a. Use paper towel for barrier
   b. Touch as few surfaces as possible.
   c. Keep gloved hands out of hair and do not rub eyes or bare skin or adjust mask or glasses.
   d. If you leave chairside during treatment, remove and discard gloves. Wash hands and re-glove. Lab coats do not have to be removed unless visibly soiled. Lab coats must not be worn in classrooms, restrooms, lounge, reception area, or outside the building. Lab coats must be changed and cleaned at the end of each day.
   e. Remove gloves and wash hands before handling any equipment used extra orally (e.g. cameras).

2. Items that are dropped on the floor or on other non-sterile surfaces should not be retrieved until the procedure is complete. Obtain sterile replacements from the clinic assistant or instructor. Do not place contaminated instruments and materials on sterile set-ups.

3. If gloves are torn during treatment, remove, discard, wash hands and re-glove. To recap needles insert the needle into the cap using the one-handed “scoop” technique or a cap holder that will not permit contact of the needle with any part of the body.

4. If exposed to a patient’s blood or saliva, immediately contact the supervising instructor to institute a post-exposure medical evaluation. An exposure is any eye, mouth, other mucous membrane, non-intact skin or sharps injury involving blood or saliva. Incident Report form will be completed by the program director. The CGTC Exposure Control Coordinator must be informed and an accident report must be completed. The patient should be informed of the exposure. Blood tests will be requested of the patient. The student or faculty/staff should receive a blood test.

5. Accidents involving exposure to toxic chemicals must be reported to the instructor and student services. A copy of the MSDS information on the chemical must accompany the student or faculty/staff to the treatment facility. MSDS information is vital to determine proper treatment. Follow-up evaluation forms will be completed to determine the cause of the accident (e.g., failure to practice universal precautions, improperly stored chemicals).
IV. After patient treatment

1. **Dismiss patient.** Students should not enter the reception area when wearing PPEs.
2. Put on fresh gloves.
3. Place all instruments inside the cassette.
4. Make sure that there are no sharps on the tray.
5. Place all disposable sharps including capped or uncapped needles directly into the nearest sharps container. Do not place needles, carpules, or other “sharps” into the regular trash receptacle. This would be a serious violation of institutional protocol. Sharps include needles, scalpel blades, carpules, broken instruments and files, burs, matrix bands, orthodontic wire and any other disposable item that could penetrate the skin.
6. Place non-sharp disposable items in the chair cover bag at the unit.
7. Place contaminated (e.g. gauze or cotton rolls) disposable items in the brown bag at the unit. Seal the brown bag and dispose into trash receptacle. Used sharps and anesthetic cartridges should be placed in red biohazard sharps containers.
8. Flush the air/water syringe, high speed handpiece and ultrasonic for 30 seconds and disconnect from hoses.
9. Remove all surface covers (without touching the underlying surface) and discard in the trash can.
10. Run water through the suction lines, and once per week run suction cleaner through the lines.
11. Clean and disinfect those surfaces that were not covered and were contaminated during treatment. There is no need to clean and disinfect surfaces that were covered unless they become contaminated.
12. Signal to the clinic assistant to check the unit.
13. Wash contaminated protective eyeglasses, rinse and dry.
14. Remove lab coat and place it in an appropriate container.
15. Write up chart and place appropriate barriers on paperwork.
16. Remove gloves, dispose of in the trash can.
17. Wash, rinse and dry hands.
Central Georgia Technical College
Department of Dental Hygiene
Infective Endocarditis Guidelines

Current guidelines indicate that patients who have taken prophylactic antibiotics routinely in the past but no longer need them include people with:

- mitral valve prolapse
- rheumatic heart disease
- bicuspid valve disease
- calcified aortic stenosis
- congenital heart conditions such as ventricular septal defect, atrial septal defect and hypertrophic cardiomyopathy.

The new guidelines are aimed at patients who would have the greatest danger of a negative outcome if they developed a heart infection.

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

1. artificial heart valves
2. a history of infective endocarditis
3. certain specific, serious congenital (present from birth) heart conditions, including
   - unrepaired or incompletely repaired cyanotic congenital heart disease, including those with palliative shunts and conduits
   - a completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure
   - any repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or a prosthetic device
4. a cardiac transplant that develops a problem in a heart valve
5. All patients with a prosthetic joint replacement placed within last 2 years
   *Beyond 2 years if patient has comorbidity (see # 10-- Conditions listed in this category are examples only; there may be additional conditions that place such patients at risk of experiencing hematogenous total joint infection.)*
6. Immunocompromised/immunosuppressed patients
7. Inflammatory arthropathies (e.g.: rheumatoid arthritis, systemic lupus erythematosus)
8. Drug-induced immunosuppression
9. Radiation-induced immunosuppression
10. Patients with co-morbidities (e.g.: malnourishment, hemophilia, HIV infection, type I diabetes, malignancy)
11. Previous prosthetic joint infections
12. Malnourishment
13. Hemophilia
14. HIV infection
15. Insulin-dependent (Type 1) diabetes (uncontrolled)
16. Malignancy
17. Renal transplants/dialysis
18. Sickle cell anemia
19. Spina bifida (ventriculoarterial shunt)

The new recommendations apply to many dental procedures, including teeth cleaning and extractions. Patients with congenital heart disease can have complicated circumstances. They should check with their cardiologist if there is any question at all as to the category that best fits their needs.

http://www.aaos.org/about/papers/advistmt/1033.asp. Feb ‘09
LABORATORY EMERGENCIES FALL INTO THE CATEGORY OF PHYSICAL INJURY

ALL OTHER MEDICAL EMERGENCIES WILL FOLLOW THE CLINIC EMERGENCY PROTOCOL

NO LABORATORY PROCEDURES WILL BE PERFORMED WITHOUT THE INSTRUCTOR PRESENT IN THE DENTAL CLINIC AREA

STANDARD OPERATING PROCEDURES FOR EMERGENCY OR ACCIDENTS

A. If an emergency occurs in the laboratory, the instructor(s) assumes responsibility for carrying out the emergency procedures.

B. An assessment of the situation and a determination is made as to the nature and seriousness of the incident.

C. If the situation is of a life-threatening nature; Basic Life Support measure will be initiated and other student attendants will activate the EMS system. On campus dial 911. Public phone dial 911.

D. For serious injury the student will be referred to the closet emergency care unit (South Campus: Houston Medical Center or North Campus: Medical Center of Central Georgia)

If the injury is of a non-serious nature, initiate first aid in the following manner:

1. Cuts and lacerations: control bleeding with pressure, avoid tourniquet if possible.
2. Chemical injury to the eyes: Assist student to an eyewash station located in the lab or clinic. To activate remove red caps, depress button on faucet, turn on cold water and place eye directly above stream.
3. Puncture injury to the eyes: Close affected eyelid and tape shut. Seek professional help.
4. Burns: Turn off burner or remove hot equipment / material from immediate vicinity. Apply cool, moist, clean fabric to burned area.
5. Electrical shock: DISCONNECT POWER SOURCE. If minor, treat possible burns; if severe maintain basic life support and activate EMS.

E. If the injury is the result of a hazardous substance exposure the student must take a copy of the Material Safety Data Sheet (MSDS) to any off-site treatment facility. Copies of the MSDS are kept in a notebook located in the Sterilization room in the cabinet below the Midmark autoclave (South Campus) and on the bookshelf in the locker room hallway (North Campus).

F. Fill out appropriate accident report in accordance with the institution’s policy on accidents and injury.
Protective masks prevent the transmission of infection by protecting the mucous membranes of the mouth and nose from direct exposure to splatter of blood and saliva. A mask also blocks inhalation of microorganisms from a patient’s respiratory tract as well as aerosols produced during clinical procedures. The mask also protects the patient from transmission of pathogens from the dental hygienist.

1. Masks and protective eyewear must be worn for all procedures which produce splashing and splattering of body fluids or chemicals and/or in which aerosols are produced.
2. A new mask must be put on for each patient along with protective eyewear prior to handwashing and donning of gloves.
3. A properly applied mask should fit snugly over the mouth and nose so that pathogens cannot enter or escape through the sides. The top edge of the mask should fit below the eyeglasses to minimize fogging of protective eyewear.
4. Do not touch the mask during the appointment. The surface of the mask is considered contaminated by splatter and aerosols, and gloved hands can further contaminate the mask with blood and saliva.
5. Change the mask if it becomes moist and/or soiled. After removing gloves and washing hands or donning over gloves, cautiously remove the mask and discard.
6. At the end of a procedure that generates heavy aerosols, the mask must be kept on to prevent direct exposure to airborne microorganisms.
7. Do not dangle mask around neck or ears. The contaminated surface may contaminate the neck and face.
<table>
<thead>
<tr>
<th>Quantity</th>
<th>Item</th>
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<tbody>
<tr>
<td>1</td>
<td>Albuterol, USP Inhalation Aerosol</td>
</tr>
<tr>
<td>1</td>
<td>Epinephrine Auto-Injector EPIPEN 0.3mg</td>
</tr>
<tr>
<td>1</td>
<td>Nitrolingual Pump spray/or bottle of nitroglycerin tablets</td>
</tr>
<tr>
<td>2</td>
<td>Ammonia Inhalants</td>
</tr>
<tr>
<td>1 tube</td>
<td>Insta-Glucose Gel/Cake Frosting</td>
</tr>
<tr>
<td>1</td>
<td>CPR Pocket Mask</td>
</tr>
<tr>
<td>1</td>
<td>Monoject 3cc Safety Syringe</td>
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<tr>
<td>1</td>
<td>18&quot; Latex-Free Tourniquet</td>
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<td>90mm Airway</td>
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<td>3</td>
<td>Oxygen Tubing with Nasal Cannula (adult)</td>
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<tr>
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<td>diphenhydramine 25mg tabs (Benadryl)</td>
</tr>
<tr>
<td>1 bottle</td>
<td>Aspirin Tablets 325mg</td>
</tr>
</tbody>
</table>
I. Basic Emergency Procedures to be taken in all emergencies unless otherwise noted:

A. Check the patient’s airway, make sure it is open.
B. Check vital signs.
C. Move the emergency kit to the site of the emergency; open it and prepare for use.
D. Be prepared to administer CPR to support circulation and respiration.
E. Be prepared to send for emergency help.
F. Supervising dentist will determine diagnosis and administer medications if needed.

II. Instructions for Calling a Life Support Team

CALL 911 and provide the following information to the operator:

A. Your name
B. State that a life support team is needed.
C. State the type of emergency (heart attack, shock, etc.)
D. Location of clinic: Central Georgia Technical College, 80 Cohen Walker Drive, Warner Robins, Building B (South Campus) OR Central Georgia Technical College, 3300 Macon Tech Drive, Macon, Building J
E. Any other information requested by the operator.
F. Do not hang up until after the operator disconnects.

If so directed by the operator, go outside near the entry to the parking lot and wait for the emergency team. Direct the team and police to the clinic/site of the emergency. If the operator asks you to remain on the line until the emergency team arrives, send another person to the entrance to the parking lot to wait for the emergency team and direct them to the clinic/site of the emergency.

III. Specific Emergency Conditions and Initial Treatment Responses

A. Neurogenic Shock (Vasovagal Syncope, Syncope, fainting, transient ischemic attack)

1. Symptoms: Patient will state they feel faint or dizzy and may state they feel cold while perspiring. They appear pale, pupils are dilated, blood pressure drops and they may lose consciousness. Causes include fatigue, fear, emotional stress, pain, poor ventilation, acute loss of blood.
2. **Treatment:**
   a. Complete basic emergency treatment procedures.
   b. Place patient in supine position with feet elevated-recline chair in a head down position-to improve venous return, cardiac output and blood flow to the brain.
   c. Loosen tight clothing (collar, belt).
   d. Check carotid pulse.

If Patient Loses Consciousness:

   e. Break 1 or 2 ampules of ammonia under the patient’s nose to stimulate breathing.
   f. Monitor blood pressure until patient regains consciousness and for a few minutes after until it remains stable.
   g. Leave patient in supine position for a few minutes after patient regains consciousness, gradually return to upright position.
   h. If patient does not regain consciousness promptly, call 911 and transfer to hospital.

B. **Acute Hyperventilation Syndrome**

1. **Symptoms:** Rapid respirations with increased oxygen intake leading to decreased carbon dioxide levels. Patient feels short-of-breath, experiences “air hunger” seen as gasping; may experience tingling of fingers, hands, toes, lips; numbness of extremities, faintness. Frequently seen in anxiety-induced states, but is also found in asthma, metabolic acidosis, and pulmonary disorders such as pulmonary embolism and pulmonary edema. Can produce cerebral hypoxia.

2. **Treatment**
   a. Complete basic emergency procedures except do not administer oxygen.
   b. Decrease rate of CO2 loss by having the patient breathe through only one nostril with the mouth closed. Patient can close one nostril by placing a finger against that side of the nose, or breath into hands cupped over mouth and nose. (This is simpler than having patient breathe into paper bag, another method of decreasing CO2 loss.) Pace respirations by counting from 1 to 10 for patient and having patient inhale on ten.
   c. Reassure patient.
   d. Monitor vital signs.

C. **Allergic Reactions**

PREVENTION IS THE BEST TREATMENT. REVIEW PATIENT HISTORY OF ALLERGIES PRIOR TO ANY TREATMENT; NOTE ALLERGIES ON CHART; BE ALERT TO CROSS-SENSITIVITIES IN MEDICATION CATEGORIES; CONSULT PATIENT’S PHYSICIAN IF NECESSARY PRIOR TO ANY TREATMENT.

1. **Symptoms:** Type I (immediate reactions are a Local or Systemic anaphylaxis.
   a. Local responses include urticaria (hives, allergic rhinitis), asthma, and swelling of mucous membranes of nose and throat.
   b. Systemic responses are life threatening. The allergen in the bloodstream
releases chemical mediators that produce severe bronchial obstruction and vasodilation leading to pulmonary edema and/or shock.

2. **Treatment**
   a. Complete Basic emergency procedures A-G.
   b. Supervising dentist will inject epinephrine 1:1000, 0.5 cc subcutaneous
   c. Monitor carotid pulse and blood pressure.
   d. Call for emergency medical help (911).

If Patient Loses Consciousness:
   e. Be prepared to give mouth-to-mouth resuscitation, mechanical resuscitation, or CPR to support cardiopulmonary function. Continue mouth-to-mouth or mechanical resuscitation or CPR until respirations and heartbeat are restored or medical help arrives.

D. **Severe Hypotension**

   1. **Symptoms:** Severe decrease of systolic and diastolic blood pressure below the normal range. Generally consider 90/60 and below in adults to be hypotension, although some normally have a blood pressure at or below this level. Most frequently seen in the dental clinic as a sign of shock, as a result of a drug interaction (local anesthetic when patient is taking other medications, or in hemorrhage.)

   PLEASE NOTE: BE ALERT FOR HYPOTENSION IN PATIENTS WHO EXPERIENCE ANAPHYLACTIC SHOCK AND ARE TAKING CHLORPROMAZINE (THORAZINE) OR PRAZOSIN (MINIPRESS) WHEN EPINEPHRINE IS NOT EFFECTIVE.

   2. **Treatment:** Place patient in Trendelenburg position; head lower than body to improve venous return, cardiac output and improve blood flow to head.
      a. Carry out basic emergency steps.
      b. Call for emergency help.
      c. Administer CPR if necessary.

E. **Angina Pectoris**

   KNOW THE PATIENT’S HISTORY. IF PATIENT HAS A HISTORY OF ANGINA PECTORIS, DO NOT BEGIN TREATMENT UNTIL THE PATIENT’S NITROGLYCERIN IS AT HAND. BE AWARE THAT PATIENT MAY WEAR A NITROGLYCERIN TRANSDERMAL PATCH.

   1. **Symptoms:** Severe pain and a feeling of constriction about the heart. Pain typically radiates to left shoulder and down left arm (in rare situations patient experiences pain radiating from the heart to the abdomen.) Pain may also radiate to the back or to the jaw. Pain is steady; patient may experience great anxiety; face will be pale, ashen or bright red. Patient may experience dyspnea, pulse is usually rapid and blood pressure raised.

   2. **Treatment:**
      a. Have patient take their nitroglycerin as prescribed, noting time of first dose.
b. Monitor pulse and blood pressure.
c. If three doses of nitroglycerin at 5 minute intervals have not relieved pain, seek immediate medical attention.
d. If nitroglycerin brings relief, allow patient to rest before resuming procedure. If procedure is at a point that it can be discontinued, patient may stop treatment and reschedule appointment.

F. Myocardial Infarction

MEDICAL TREATMENT MUST BE INSTITUTED WITHOUT DELAY. IF SYMPTOMS INDICATE MYOCARDIAL INFARCTION, CALL 911 IMMEDIATELY.

1. Symptoms: Prolonged heavy pressure or squeezing pain the center of the chest behind the sternum; may spread or localize to shoulder, neck, arm, and 4th and 5th fingers of the left hand, back, teeth, or jaw. Patient may experience nausea, vomiting, sweating, and shortness of breath. Blood pressure may be elevated or patient may be hypotensive.

2. Treatment:
   a. Complete basic emergency procedures. Monitor vital signs until emergency help arrives.
   b. Call 911
   c. Loosen tight clothing and make patient comfortable; patient may have less respiratory distress if in upright position; if patient experiences hypotension, place in Trendelenburg position.
   d. Administer oxygen under positive pressure. The pressure should approximate the patient’s respiratory volume (6 liters per minute for adult males, 5 liters per minute for adult females, children 1-2.5 liters per minute; total lung capacity is based on patient size. These are approximate measures and must be used with consideration of patient size. A small adult male or female will require less oxygen just as a large adolescent will require more than that listed for children.)
   e. Be prepared to institute CPR if pulse and respirations stop.

G. Cardiac Arrest


PREMANENT BRAIN DAMAGE WILL OCCUR IN 4 MINUTES IF NO TREATMENT IS GIVEN.

2. Treatment 
   a. Complete basic emergency procedures.
   b. Start CPR; continue until respirations and pulse return or emergency medical help arrives.
   c. Call for emergency medical help.

H. Adrenal Crisis
PATIENTS WHO ARE UNDERGOING TREATMENT WITH STEROIDS (I.E., HYDROCORTISONE) OR WHO HAVE BEEN TREATED WITH STEROIDS IN THE LAST TWELVE MONTHS ARE VERY SUSCEPTIBLE TO STRESS AND MAY EXPERIENCE ADRENAL CRISIS. REVIEW MEDICAL HISTORY CAREFULLY, BE ALERT TO POTENTIAL FOR ADRENAL CRISIS IF PATIENT HAS HAD STEROID TREATMENT. A CONSULTATION MUST BE MADE WITH THE PATIENT’S PHYSICIAN BEFORE ANY DENTAL TREATMENT IS STARTED.

BEFORE BEGINNING TREATMENT, NOTIFY SUPERVISING DENTIST AND CLINICAL INSTRUCTOR THAT THE PATIENT IS SEATED AND POTENTIAL FOR ADRENAL CRISIS EXISTS.

1. **Symptoms:** headache, nausea, vomiting, abdominal cramps, weakness, mental confusion, hypotension, cardiac arrest.
2. **Treatment:**
   a. Complete basic emergency procedure.
   b. Start CPR if pulse and respirations are absent; continue CPR until pulse and respirations return or emergency medical help arrives.
   c. Call for emergency medical help.

I. **Insulin Shock**

KNOW IF THE PATIENT IS DIABETIC. PRIOR TO BEGINNING ANY TREATMENT, REVIEW THE PATIENT’S USE OF INSULIN AND MEALS PRIOR TO COMING TO THE DENTAL CLINIC. IF PATIENT TOOK INSULIN AND HAS FASTED, YOU MAY NEED TO RESCHEDULE THE APPOINTMENT. CHECK WITH THE INSTRUCTOR AND SUPERVISING DENTIST IN THIS SITUATION. IF PATIENT HAS TAKEN INSULIN AND FOLLOWED REGULAR MEAL PATTERN, CHECK TO SEE IF THEY HAVE CANDY OR OTHER GLUCOSE WITH THEM. KEEP THEIR GLUCOSE SUBSTANCE AT HAND OR HAVE A SWEETENED SODA NEARBY.

IF PATIENT HAS NOT TAKEN THEIR INSULIN AS PRESCRIBED OR SKIPPED MEALS PRIOR TO COMING TO THE CLINIC, CONSULT WITH THE SUPERVISING DENTIST BEFORE BEGINNING ANY TREATMENT.

Insulin shock results from excessive insulin which leads to hypoglycemia (a reduction in the blood sugar level below normal.)

1. **Symptoms:** Rapid bounding pulse, pale moist skin, weakness, trembling, headache, nausea, disorientation. In severe cases, patient may lose consciousness and convulsions may occur.
2. **Treatment:**
   a. Complete basic emergency procedures
   b. Have patient eat candy or other glucose preparations they have with them or give them a sweetened soda
   c. Call for emergency medical help if patient loses consciousness.
J. Acute Asthma Attack

KNOW PATIENT HISTORY. IF PATIENT HAS A HISTORY OF ASTHMA AND ATTACKS ARE FREQUENT, CHECK TO SEE IF PATIENT HAS MEDICATION (INHALER) WITH THEM AND PUT IN A PLACE THAT IS READILY ACCESSIBLE DURING DENTAL TREATMENT.

1. **Symptoms**: Difficulty in breathing, wheezing.
2. **Treatment**:
   a. Keep patient in upright position. The patient may find it easier to breathe in a hunched forward position which they naturally assume during an attack.
   b. Have the patient use their atomizer with prescribed medications.
   c. Complete basic emergency procedures.
   d. If relief is not obtained, call for emergency medical help.

K. Convulsions due to Epilepsy

KNOW THE PATIENT'S MEDICAL HISTORY. IF PATIENT HAS EPILEPSY, AVOID SEATING THE PATIENT IN CLINIC AREAS WHERE FLASHING LIGHTS OR SUDDEN NOISES ARE PRESENT AS THESE MAY TRIGGER AN EPILEPTIC SEIZURE IN SOME INDIVIDUALS.

1. **Symptoms**: Some patients experience an aura before a seizure, other patients may have no warning of impeding seizure.
2. **Treatment**:
   a. If patient tells you they are experiencing an aura: stop treatment. Remove all (light, bracket tray). Allow patient to remain in chair during seizure.
   b. If seizure occurs with no warning, move any equipment which may cause injury to the patient.
   c. If seizure lasts more than 5 minutes, call for emergency medical help.
   d. After seizure stops, allow patient to sleep or rest. Monitor respiration and pulse.

L. Mandibular Subluxation

1. **Symptoms**: Patient is unable to close mouth because spasms in the muscles of mastication prevent the condyle from moving over the articular eminence. are very painful.
2. **Treatment**:
   a. Keep patient in upright position. Clinical supervisor or supervising dentist will:
   b. Place protected thumbs inside mouth, on the buccal surfaces of the mandibular bone and as far back as possible. Thumbs are not to be placed over the occlusal surfaces.
   c. Grasp lower border of mandible with the rest of the fingers.
   d. Push the mandible down and back until the teeth snap into occlusion.
References for Emergency Procedures:


Central Georgia Technical College
Department of Dental Hygiene
Occupational Exposure to Blood and Air-Borne Pathogens

Rationale

Because of the increased risk of occupational exposure of instructors and students to blood, body fluid or air-borne pathogens it is necessary that the College enact a policy and procedure which will ensure that employees and students are provided with appropriate information, training and equipment as to properly inform them of and reduce the risk of exposure to blood, body fluid or air-borne pathogens. In addition, this policy shall ensure compliance with the US Department of Labor, Occupational Health and Safety Administration, Final Rule 29 CFR Part 1910.1030 “Occupational Exposure to Bloodborne Pathogens” and any applicable Department of Technical and Adult Education policies.

Policy

All employees/students of the College shall exercise “Universal Precautions” in relation to exposure situations. The College shall develop a written exposure control plan and implement such procedures as deemed necessary to carry out the plan, to eliminate or minimize requirements of the Occupational Health and Safety Administration Final Rule 29 CFR Part 1910.1030 and will include at a minimum:

1. Exposure of determination
2. Methods of compliance
3. Hepatitis B vaccination
4. Post exposure evaluation and follow up
5. Communication of hazards to employees/students
6. Record keeping
7. Procedures for evaluations of circumstances surrounding exposure incidents

Procedures for Eliminating or Minimizing Occupational Exposure of Employees/Students to Blood, Body Fluid, and Air-borne Pathogens

1. Each employee/student who has been determined to have occupational exposure to blood, body fluid, or air-borne pathogens shall be trained in “Standard Precautions” by appropriate in-service and/or instructor classroom demonstration as detailed in the Exposure Control Plan.

2. Each employee/student shall be notified if their job classification/program of study is classified as having occupational exposure in the Exposure Control Plan. This will be the responsibility of the appropriate department supervisor or program instructor.
3. Each identified employee/student shall be informed of methods of compliance, to include standard precautions, engineering and work practice control, personal protective equipment (PPE), and housekeeping, as described in the Exposure Control Manual. It is the responsibility of the appropriate department supervisor/instructor to provide this information.

4. Following a report of an exposure incident, the incident should be reported as required in the College Safety Manual and the College shall document that the employee is provided and students referred to. Follow-up services to include at a minimum: collecting and testing of blood for HBV and HIV serological status, to provide information as required to provide to the employee, and document for students that a professional written opinion has been provided as required, that appropriate records are kept as per the College Control Manual.

5. Warning labels and signs will be displayed as required in the College Exposure Manual and that appropriate information and training be provided.

6. A record of each employee/student with occupational exposure shall be kept in accordance with the guidelines set forth in the College Exposure Control Manual.

7. Appropriate documentation of training shall be maintained on all appropriate employees/students as described in the College Exposure Control Manual.
### Central Georgia Technical College
### Dental Hygiene Department
### Personal Protective Equipment

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Gloves</th>
<th>Mask</th>
<th>Glasses</th>
<th>Face Shield</th>
<th>Jacket</th>
<th>Other</th>
</tr>
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<tbody>
<tr>
<td>Cleanings/Scalings</td>
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<td>√</td>
<td></td>
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<td>√</td>
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<td></td>
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<tr>
<td>Pouring Models</td>
<td></td>
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<td>√</td>
<td></td>
<td>√</td>
<td>Impression MUST be disinfected first</td>
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<tr>
<td>Trimming Models</td>
<td></td>
<td>√</td>
<td>√</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Cleaning Operatory</td>
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<td>√</td>
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<tr>
<td>Assisting</td>
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<td>Trash Collection</td>
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<tr>
<td>Taking X-rays</td>
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<tr>
<td>Cleaning Processor</td>
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<td>√</td>
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</tr>
<tr>
<td>Cleaning Ultrasonic</td>
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<tr>
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<td>√</td>
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<td></td>
</tr>
<tr>
<td>Cleaning Instruments</td>
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<td></td>
</tr>
<tr>
<td>Ultrasonic Scaler/Air Powder Polisher</td>
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</tbody>
</table>
Central Georgia Technical College  
Department of Dental Hygiene  
Premedication Protocol

PREMEDICATION PROTOCOL FOR PREVENTION OF INFECTIVE ENDOCARDITIS,  
OF FOR PATIENTS WITH TOTAL JOINT REPLACEMENT, OR FOR OTHER  
CONDITIONS THAT MAY CAUSE IMMUNOSUPPRESSION

On April 19, 2007, the American Heart Association released new guidelines for  
prevention of infective endocarditis. The AHA and ADA now recommend that fewer  
dental patients with heart disease receive antibiotic prophylaxis before dental  
procedures to prevent the heart infection called infective endocarditis (IE). A group  
appointed by the AHA that included experts in infectious disease and cardiology and  
members representing the ADA developed the guidelines. The guidelines were  
dorsed by the Infectious Diseases Society of America and the Pediatric Infectious  
Diseases Society.

After reviewing relevant scientific literature from 1950–2006, the group concluded that  
bacteremia resulting from daily activities is much more likely to cause IE than  
bacteremia associated with a dental procedure. In addition, only an extremely small  
number of IE cases might be prevented by antibiotic prophylaxis, even if prophylaxis is  
100% effective. Based on these conclusions, antibiotic prophylaxis is now  
recommended before dental procedures only for patients with underlying cardiac  
conditions associated with the highest risk of adverse outcome from IE, such as patients  
with:

- Artificial heart valves
- History of infective endocarditis
- Certain specific, serious congenital (present from birth) heart  
  conditions, including:
  - unrepaired or incompletely repaired cyanotic congenital heart  
    disease, including those with palliative shunts and conduits
  - a completely repaired congenital heart defect with prosthetic  
    material or device, whether placed by surgery or by catheter  
    intervention, during the first six months after the procedure
  - any repaired congenital heart defect with residual defect at the  
    site or adjacent to the site of a prosthetic patch or a prosthetic  
    device
  - a cardiac transplant which develops a problem in a heart valve

Patients who have taken prophylactic antibiotics routinely in the past but no longer  
need them include people with:

- Mitral valve prolapse
- Rheumatic heart disease
- Bicuspid valve disease
- Calcified aortic stenosis
Congenital heart conditions such as ventricular septal defect, atrial septal defect, and hypertrophic cardiomyopathy.

**HIGHER Risk Procedures (Prophylaxis indicated for at risk patients as listed above)**

- Prophylactic cleaning of teeth or implants where bleeding is anticipated.
- Periodontal procedures including surgery, subgingival placement of antibiotic fibers/strips, scaling and root planing, probing, recall maintenance.
- Dental implant placement.
- Reimplantation of avulsed teeth.
- Root canal or surgery only beyond the apex.
- Dental extractions.
- Initial placement of orthodontic bands but NOT brackets.
- Intraligamentary local anesthetic injections.

**LOWER Risk Procedures (Prophylaxis generally not indicated)**

- Restorative Dentistry (operative and prosthodontic)
- Local anesthetic injections (nonintraligamentary)
- Intracanal endodontic treatment; post placement and buildup
- Placement of rubber dam
- Taking oral impressions
- Fluoride treatments
- Postoperative suture removal
- Taking of oral radiographs
- Placement of removable prosthodontic/orthodontic appliances

(Clinical judgment may indicate antibiotic use in selected circumstances that may create significant bleeding)
### SUGGESTED ANTIBIOTIC PROPHYLAXIS REGIMENS
**(EFFECTIVE April 2007)**

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>AGENT</th>
<th>ADULT REGIMEN</th>
<th>CHILD REGIMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard general prophylaxis</td>
<td>Amoxicillin</td>
<td>2 g orally 30-60 minutes before procedure</td>
<td>50 mg/kg orally 30-60 minutes before procedure</td>
</tr>
<tr>
<td>Unable to take oral medications</td>
<td>Ampicillin</td>
<td>2 g IM or IV 30-60 minutes before procedure</td>
<td>50 mg/kg IM or IV within 30-60 minutes before procedure</td>
</tr>
<tr>
<td>Allergic to penicillin</td>
<td>Clindamycin OR</td>
<td>600 mg orally 30-60 minutes before procedure</td>
<td>20 mg/kg orally 30-60 minutes before procedure</td>
</tr>
<tr>
<td></td>
<td>Cephalexin OR</td>
<td>2 g orally 30-60 minutes before procedure</td>
<td>50 mg/kg orally 30-60 minutes before procedure</td>
</tr>
<tr>
<td></td>
<td>Cephadroxil OR</td>
<td>500 mg orally 30-60 minutes before procedure</td>
<td>15 mg/kg 30-60 minutes before procedure</td>
</tr>
<tr>
<td></td>
<td>Clarythromycin OR</td>
<td>600 mg IV within 30-60 minutes before procedure</td>
<td>20 mg/kg IV within 30-60 minutes before procedure</td>
</tr>
<tr>
<td></td>
<td>Clidamycin OR</td>
<td>1 g IM or IV within 30-60 minutes before procedure</td>
<td>25 mg/kg IM or IV within 30-60 minutes before procedure</td>
</tr>
<tr>
<td>Allergic to penicillin AND Unable to take oral medications</td>
<td>Clidamycin OR</td>
<td>600 mg IV within 30-60 minutes before procedure</td>
<td>20 mg/kg IV within 30-60 minutes before procedure</td>
</tr>
<tr>
<td></td>
<td>Cefazolin</td>
<td>1 g IM or IV within 30-60 minutes before procedure</td>
<td>25 mg/kg IM or IV within 30-60 minutes before procedure</td>
</tr>
</tbody>
</table>
Central Georgia Technical College  
Department of Dental Hygiene  
Pre-procedural Rinse Protocol

Peridex/Chlorhexidine

1. Preprocedural rinsing with Peridex (0.12% chlorhexidine gluconate) or Listerine antiseptic mouth rinse reduces viable bacteria in saliva and dental aerosols for 45 minutes.

2. Patients over the age of 12 should rinse with Peridex or Listerine for 30 seconds prior to all intraoral procedures.

3. Rinse 4 teaspoons at full strength for 30 seconds.

4. Contraindications for rinsing
   a. Do not administer to children under the age of 12.
Central Georgia Technical College
Dental Hygiene Department
Prevention of Disease Transmission

The prevention of disease transmission is an integral part of dental hygiene care delivery. As a health care professional, the dental hygienist has an increased occupational risk of disease transmission. Application of infection control principles to protect patients benefits the dental hygienist, other dental team members, and their families. Strict adherence to infection control protocols may be the most important preventive measure that dental hygienists perform to ensure their health as well as the health of their patients and families.

Clinician Factors:

1. Hepatitis B immunization is highly recommended. As a dental hygienist, there is increased occupational risk for exposure to Hepatitis B. Therefore, students MUST show evidence of completed HBV vaccination; or sign a waiver form provided by Central Georgia Technical College Dental Hygiene Program.
2. Students must have proof of current immunizations as required by Central Georgia Technical College Department of Dental Hygiene.
3. Personal protective equipment (PPE) must be worn whenever exposure to blood or other potential infectious material is reasonably anticipated. Clinical attire will consist of uniform, white lab coat, white socks with white clinic shoes. Rules for uniform dress can be found in General Program Policies in the Dental Hygiene Clinic Manual.
4. Hair must be secure away from face and off the shoulders. One small pair of earrings may be worn in clinic. A small, flat wedding band and watch is allowed. No other jewelry is allowed. Nails must be short and cuticles trimmed. Good personal hygiene is mandatory.
5. Standard PPE must be worn during all clinical procedures. Masks should be left on if aerosols have been produced. Once donned, the mask is considered contaminated and should not be touched. Masks must be changed when moist, soiled, and/or between each patient. Eyewear must be disinfected after use.

At the beginning of the clinic session, just prior to the first appointment, the clinician must follow the recommended hand washing procedure (see Handwashing Protocol). Gloves must be worn during all clinical procedures or when in contact with surfaces contaminated with blood, body fluids or secretions. Correct glove protocol must be followed (see Gloves Protocol).

6. Hands must be washed following the removal of gloves. Heavy-duty utility gloves must be worn during post-clinical sterilization and disinfection procedures.
Patient Factors:

1. A complete and accurate medical history must be taken PRIOR to any contact with the patients’ oral cavity.
2. If medical clearance is indicated, the required form must be filled out and given to the patient for their physician’s signature.
3. Protective eyewear for the patient is required during all clinical procedures.
4. Preprocedural rinsing is required for all patients over the age of 12 years prior to all intraoral procedures to aid in the reduction of contaminated aerosols.

Environmental Surface Factors:

1. Non-autoclavable surfaces and surfaces not protected with barriers must be thoroughly disinfected using a disinfectant towelette or “spray-wipe-spray” method. The surfaces should be left damp (not saturated) and allowed to air dry. The patient chair, clinician stool, counter top, and sink are also disinfected. Surface disinfection must be carried out after each appointment and prior to the first appointment of the day.
2. Run water through all unit water lines, including the air/water syringe, ultrasonic unit and handpiece for at least 2 minutes prior to the first appointment and for at least 30 seconds before and after each patient.
3. Disposable surface barriers must securely cover surfaces that may be contaminated by blood and saliva. Barriers must be placed over any switches or buttons that cannot be covered with wrapping materials. After the patient is dismissed, the barrier coverings must be removed (while clinician is gloved) and discarded. Surfaces that cannot be covered must be thoroughly disinfected.
Central Georgia Technical College
Dental Hygiene Department
Quality Assurance Plan

We conduct reviews for all of our patients to make sure that they are receiving safe and appropriate care. These reviews are especially important for patients who have special needs, multiple appointments, and uncompleted treatment. We conduct reviews according to the schedule listed below. During these reviews, we look for treatment deficiencies or items that need corrective action. Some of these deficiencies include:

- Documentation errors
- Not meeting patient’s perceived needs
- Improper sterilization procedures
- Unsafe clinical equipment
- Improper infection control practices
- Improper radiation safety procedures

If we identify a problem during our review, we will work with the student to correct the problem.

The Central Georgia Technical College (CGTC) Quality Assurance Plan includes the following items:

- Clinic Competencies which assure that students are initially deemed competent to be able to provide quality patient care prior to patient treatment and each new treatment procedure.
- Faculty supervision in clinic with evaluation points after: Medical/Dental History Data Collection, Assessment of Findings, Scaling and Polishing, and Chart Documentation.
- Patient Surveys which are taken after every appointment to assure patient satisfaction.
- Weekly spore testing to assure that the instruments are properly sterilized.
- Daily Chart Auditing with a Chart Audit Form (North campus) to assure that each patient chart is correctly documented. Daily chart auditing by grading faculty in the clinic and end-of-semester chart review by faculty (South campus).
- A Remediation Plan which assures that students who are not meeting minimum standards will receive remediation.
• Emergency Kit/Equipment monitoring (twice a semester) to assure that all emergency equipment is maintained and working.

• Daily Infection Control Monitoring to assure that patients receive quality patient care and avoid cross-contamination.

• Clinic Coordinator/Faculty Database to assure that Dental Hygiene students’ progress is monitored and patient experiences/student competencies are met.

• Ongoing Radiology Equipment monitoring to assure that the x-ray equipment is safe and accurate for the students, faculty and patients. Dosimeter Badges for pregnant students are also worn to ensure that fetus is safe from radiation.

• Alumni Surveys are mailed to local dentists to assure that CGTC graduates are meeting the needs of the community and assure graduates are providing quality care.

• Radiology Retake Log Book to record all radiographs taken and determine how many x-rays are being taken more than once and by which student.

• Stepwedge procedure to ensure quality radiographs are being taken.

• Critical incidents are documented in the Critical Incident Notebook and in student clinical gradebooks. Results are graphed to determine trends that might require remediation.

**CGTC Quality Assurance Procedures and Outcomes Assessment Schedule**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Responsibility</th>
<th>Frequency</th>
<th>Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>Demonstrate competence in assessment, planning, implementing and evaluating patient care</td>
<td>Each clinic session</td>
<td>Clinic Competencies Daily Clinic Grade Sheet Treatment progress notes</td>
</tr>
<tr>
<td></td>
<td>Self-assess and remediate deficient areas</td>
<td>As identified by students and/or faculty</td>
<td>Clinic Competencies Daily Clinic Grade Sheet</td>
</tr>
<tr>
<td></td>
<td>Document patient care</td>
<td>Each clinic session</td>
<td>Treatment Progress Notes</td>
</tr>
<tr>
<td></td>
<td>Manage assigned patients and individualized treatment needs</td>
<td>Meetings with Clinic</td>
<td>Track incomplete patients/Continuing</td>
</tr>
<tr>
<td>Activity</td>
<td>Frequency</td>
<td>Document/Action</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------------------------</td>
<td>------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Chart Audit reviews</td>
<td>Each clinic session</td>
<td>Records Review Form</td>
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</tr>
<tr>
<td>Met patient’s perceived needs</td>
<td>At completion of treatment</td>
<td>Patient Survey</td>
<td></td>
</tr>
<tr>
<td><strong>Clinic Coordinator/Faculty</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess competence</td>
<td>Each clinic session as scheduled</td>
<td>Competency Forms</td>
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<tr>
<td>Evaluate student’s patient assessment and give permission to proceed</td>
<td>Each clinic session</td>
<td>Daily clinic evaluations</td>
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<tr>
<td>Evaluate patient care procedures</td>
<td>Each clinic session</td>
<td>Daily clinic evaluations</td>
<td></td>
</tr>
<tr>
<td>Review Treatment Progress Notes</td>
<td>Each clinic session</td>
<td>Daily clinic evaluations</td>
<td></td>
</tr>
<tr>
<td>Provide remediation as needed</td>
<td>As identified by students and/or faculty</td>
<td>Daily clinic evaluations; Critical Incident Notebook</td>
<td></td>
</tr>
<tr>
<td>Monitor Infection Control Compliance</td>
<td>Each clinic session</td>
<td>Daily clinic evaluations</td>
<td></td>
</tr>
<tr>
<td>Autoclave Spore Test</td>
<td>Weekly</td>
<td>Spore Test Equipment/Service</td>
<td></td>
</tr>
<tr>
<td>Clinic tracking to determine student progress</td>
<td>Weekly</td>
<td>Clinic Gradebook</td>
<td></td>
</tr>
<tr>
<td>Report to assure patient experiences and competencies are met</td>
<td>End of each semester</td>
<td>Clinic Gradebook; Tracking form</td>
<td></td>
</tr>
<tr>
<td>Radiology Equipment Monitoring</td>
<td>Each clinic session</td>
<td>Document/correct deficiencies</td>
<td></td>
</tr>
<tr>
<td>Evaluation of Radiation Accuracy</td>
<td>Weekly</td>
<td>Stepwedge (South Campus)</td>
<td></td>
</tr>
<tr>
<td>Collect &amp; Analyze Patient Surveys Input data into database</td>
<td>End of patient treatment/Daily</td>
<td>DH Patient Survey; End of semester results/graph</td>
<td></td>
</tr>
<tr>
<td>Chart audits</td>
<td>Each clinic session and end of semester</td>
<td>Daily clinic evaluations; Records Review form.</td>
<td></td>
</tr>
<tr>
<td>Program Director</td>
<td>Frequency</td>
<td>Task Description</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
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<td>-----------------</td>
<td></td>
</tr>
<tr>
<td>Analyze Patient Surveys</td>
<td>Weekly</td>
<td>Negative Responses; Patient Surveys; results graphed</td>
<td></td>
</tr>
<tr>
<td>Analyze Chart Audits</td>
<td>End of semester</td>
<td>Records Review Form; Graph infraction results</td>
<td></td>
</tr>
<tr>
<td>Dosimeter Badge Monitoring (pregnant students)</td>
<td>End of each month</td>
<td>Dosimeter Badge Reports</td>
<td></td>
</tr>
<tr>
<td>Analyze Radiology Log Book for number of x-rays taken/retaken</td>
<td>Weekly</td>
<td>Radiology Log Book</td>
<td></td>
</tr>
<tr>
<td>Collect &amp; Analyze Alumni Surveys from Local Dentists</td>
<td>Annually (January)</td>
<td>Employer Survey</td>
<td></td>
</tr>
<tr>
<td>Analyze documented radiograph retakes to determine need for remediation</td>
<td>End of semester</td>
<td>Data from student gradebooks graphed</td>
<td></td>
</tr>
<tr>
<td>Maintain and monitor emergency supplies and equipment</td>
<td>Twice a semester</td>
<td>Emergency supply and equipment lists</td>
<td></td>
</tr>
<tr>
<td>Analyze Critical Incidents</td>
<td>End of semester</td>
<td>Critical Incident Notebook; results graphed</td>
<td></td>
</tr>
</tbody>
</table>
Sharps are items that can penetrate the skin or oral mucosa and include needles, scalpels, instruments, cartridges, and broken glass. A contaminated sharp is considered to be infectious waste. The following steps outline the protocol for the handling of contaminated disposable sharps. When the supervising dentist administers local anesthesia to a patient, the following procedure for disposal of the used needle should be followed:

1. Sharp items should be considered as potentially infectious material; and proper handling is essential because common personal protective barriers, such as gloves, will not prevent needlestick injuries.
2. In order to minimize the potential of accidental needlestick, the needles should not be recapped, bent, broken, or handled by unprotected hands. Instead, needles should be recapped either by a hands-free mechanical recapping device or by a single-handed scoop technique. With the single-handed scoop technique, the tip of the used needle is slipped into the needle guard (plastic cover). Once the tip is covered, a hand may be used to complete recapping.
3. Contaminated, disposable sharps must be disposed of by placing them into a sharps container.
4. The sharps container is a closeable, puncture-resistant, leak-proof red container labeled with a biohazard symbol. The sharps container is located in the sterilization room (North campus). Sharps containers are in each bay (South campus). Contact a faculty member when a sharps container is full for proper disposal.
Central Georgia Technical College  
Department of Dental Hygiene  
Sterilization Monitoring  

Sterilization monitoring with biological indicators (spore tests) is performed on autoclave on a weekly basis to verify effectiveness of sterilization procedures and equipment operation. Biological monitoring systems supply the spore tests for Central Georgia Technical College. The clinic assistant is responsible for performing the tests weekly as scheduled.

1. Remove two test ampules from the box and place one test ampule in an autoclave bag (one for each autoclave being used that week). Note the Date and Sterilizer number in the Spore Test Log book along with the Date and “C” for control above it for each autoclave tested.
2. Place the test autoclave bag in a full load in the most difficult area for steam to reach in the sterilizer.
3. Process the load as usual.
4. Retrieve the autoclave bag and allow cooling for at least 10 minutes.
5. Remove the test ampule from the autoclave bag.
6. Verify the indicator has been processed by checking that the indicator below the name has changed to brown from rose.
7. Activate and incubate the Control ampule and the Autoclaved ampule by placing the bottom of each indicator into the incubator’s metal heating bottom so that the indicator is at an angle of approximately 45 degree angle.
8. Push each ampule straight back. This crushes the ampule and activates the indicator.
9. Push the activated indicator down to firmly seat it in the metal heating block. Be sure the cap remains above the metal block. Record time in the Incubator in the Spore Test Log and have an Instructor initial the Spore Test log book.
10. Examine both ampules after 24 hours and Record the time out of the Incubator and the results (+ or -) in the Spore Test Log. Have an Instructor initial the Spore Test Log book.
   a. A change to YELLOW indicates bacterial growth and an inadequate sterilization process (the Control). Act on a positive (yellow) indicator for the Autoclaved ampule as soon as possible.
   b. No color change from purple indicates an adequate sterilization process for the Autoclave ampule.
11. Autoclave the Control ampule and the Autoclave ampules in an autoclave bag.
12. Let ampules cool.
13. Dispose of both ampules in a Sharps Container.
1. Wear heavy-duty utility gloves with standard personal protective equipment.
2. Prepare the ultrasonic equipment solution according to the manufacturer’s directions to ensure proper dilution and efficient cleaning.
3. Maintain the tank’s solution level ¾ full. Solution must cover the items in the tank.
4. Immerse cassette(s) into ultrasonic solution.
5. Cover tank with lid and set cleaning time for 20 minutes. Time required for effective cleaning may vary, depending on contents and the particular unit. Refer to the manufacturer’s directions.
6. Drain instruments, rinse thoroughly, and place in dryer.
7. Drain solution each day at the end of clinic. The contaminated solution is considered infectious and must be drained wearing PPE.
8. Drain, rinse, and disinfect the ultrasonic cleaning unit each day.
9. Test the ultrasonic monthly to evaluate its operation and cleaning efficiency.
10. Cut 3 pieces of regular weight aluminum foil, approximately 4 inches by 5 inches.
11. Suspend pieces of foil in the tank, so that half of each piece is below the solution level. Make sure that the foil does not touch the sides or bottom of the tank. The foil should remain in the activated solution for 5 minutes.
12. The cleaning foil should be held to a light source to check for pitting/holes. The goal is even distribution of pitting across all 3 pieces of foil. If no holes are present, the unit is not cleaning efficiently.
Daily Procedures

1. Add water to the reservoir bottle as needed.
2. Be careful not to touch the tubing inside when taking the bottle off and putting it on. Contamination of the tubing would result in contamination of the water.
3. Purge lines for 2 minutes at the beginning of every day to purge any residual water or to remove asepsis solution from the week before.
4. Purge lines for 30 seconds between each patient.
Clinical Procedures and Policies
1. Review health history

2. Indications
   a. Plaque and stain removal
   b. Orthodontic appliances
   c. Tooth surface preparation prior to placing sealants

3. Contraindications
   a. Known communicable disease and respiratory disease (including congestive heart failure and swallowing problems)
   b. Restricted sodium diet (renal disease, diuretics)
   c. Dentin, cementum
   d. Soft, spongy gingiva
   e. Composite resins, cements, and other nonmetallic materials
   f. Sulci

4. Armamentarium
   a. Patient bib and safety glasses (remove contacts or keep eyes closed)
   b. Patient towel to cover face
   c. Non petroleum lubricant
   d. Air polishing unit, jet tip
   e. Evacuation tip/saliva ejector
   f. Student PPE (safety glasses, lab coat, mask, face shield, gloves)

5. Patient Education – explain procedure and benefits to patient

6. Asepsis
   a. pre-procedural rinse
   b. eliminate aerosol production by using proper angulations
   c. use high volume evacuation with the help of assistant if necessary

7. Patient Position at 45 degree angle using direct vision

8. Preparation of Unit
   a. Fill powder chamber. **Unit must be off in order to fill or empty powder chamber!**
   b. Check to make sure all water/air lines are connected
   c. Turn on air polishing unit
   d. Flush water lines for 2 minutes
   e. Test water spray over sink to verify proper water/powder ratio is achieved
9. Air polishing Procedure
   a. Prepare patient (Protective attire, antimicrobial rinse, and lip lubricant)
   b. Protect soft tissue from direct spray (cupping patients lip, retracting cheek and tongue, using 2 x 2 gauze)
   c. Use sweeping motion with air abrasive tip approximately 3-4mm from tooth surface. **Do not direct spray into sulcus!** Keep proper angulation to eliminate aerosol production and increase patient comfort
      i. 60° on anteriors
      ii. 80° on posteriors
      iii. 90° on occlusals

10. Follow proper procedures for equipment maintenance and storage

To effectively provide dental hygiene care, it is important to be able to accurately estimate the amount of time and number of appointments needed to complete treatment based on patient needs. Patient variables to take into consideration include: time availability, cooperation, and condition of oral tissues. A systematic procedure is planned prior to appointments to ensure thoroughness in the removal of deposits and stain, increase efficiency, decrease operating time and increase patient comfort and confidence in the clinician.

1. Utilizing patient assessment data, determine the number of appointments that may be required to complete dental hygiene care.

2. The patient’s periodontal rating, as well as, the calculus rating will determine the number of appointments necessary to complete patient treatment.

3. Record on appropriate forms the appointment procedures that are required for the patient.

4. When multiple appointments are necessary, students will be guided by clinical faculty on how to divide the appointments. Quadrant scaling/debridement may be indicated for periodontally involved patients, as well as patients with heavy calculus.

5. When 2 quadrants are completed at one appointment, treatment of a mandibular and maxillary quadrant on the same side of the mouth is recommended. This is preferred because it gives the patient an untreated side on which to comfortably chew. It also creates an environment that permits healing, which can then be compared to the opposite side of the mouth that still requires treatment.

Central Georgia Technical College
Department of Dental Hygiene
Appointment Planning Guide
(Four hour appointment)

The following appointment planning guide has been designed to assist students in determining the appropriate amount of time to allow for patient treatment and services.

Degree of Difficulty I (Child and Recall Patient)
Patients in this category can be easily completed in one appointment. Instructor approval is REQUIRED if a second appointment is to be scheduled due to extenuating circumstances (lengthy medical history, patient is late etc.)

Degree of Difficulty I (Adolescent/Adult)
Patients in this category can be completed in one-two appointments in MOST cases. Instructor approval is REQUIRED if a third appointment is to be scheduled due to extenuating circumstances (lengthy medical history, patient is late, X-ray difficulties, etc.)

Degree of Difficulty II
Patients in this category can be completed in one or two appointments in MOST cases. Instructor approval is REQUIRED if a third appointment is to be scheduled due to extenuating circumstances (lengthy medical history, patient is late, X-ray difficulties, etc.)

Degree of Difficulty III
Patients in this category can be completed in two to three appointments in MOST cases. Instructor approval is REQUIRED if a fourth appointment is to be scheduled due to extenuating circumstances (lengthy medical history, patient is late, X-ray difficulties, tenacious calculus, etc.)

Degree of Difficulty IV
Patients in this category can be completed in three appointments in MOST cases. Instructor approval is REQUIRED if a fourth appointment is to be scheduled due to extenuating circumstances (lengthy medical history, patient is late, tenacious calculus, etc.)
Patients should be questioned about the method and frequency of denture or appliance care. The dentures should be examined and the current method of care reviewed at each appointment. Like natural teeth, removable appliances can accumulate deposits and harbor bacteria which irritate oral tissues. Inadequate oral tissue care and denture hygiene practices are major causes of oral lesions under dentures. Complete dental hygiene care includes the cleaning of removable appliances.

1. Inspect prosthesis/appliances with patient, using this opportunity to demonstrate proper appliance care using new denture brush.
2. Place appliance in zip lock bag with water to prevent drying. Write patient’s name and unit number on outside of bag with permanent marker.
3. Take appliance to sterilization room.
4. Wearing PPE’s with treatment gloves, discard water from bag and cover appliance with Stain and Tarter Remover.
5. Seal bag expelling as much air as possible.
6. Place sealed bag in ultrasonic and cover with lid.
7. Set timer for approximately 10-15 minutes. If alternative commercial solution is used, check with manufacturer’s directions.
8. After specified time, remove bag from the ultrasonic unit.
9. Pour off solution and rinse appliance with water, inspect and brush it. Rinse thoroughly with cool water. Any residual Stain and Tartar Remover can cause irritation/ulcers of oral tissues.
10. Place cleaned appliance in baggie and cover with water and a small amount of mouth rinse.
11. If calculus remains, use minimal hand scaling for the removal of adherent deposits using a curette to avoid scratching denture teeth or any acrylic part of the denture. ASK INSTRUCTOR FOR ASSISTANCE PRIOR TO ANY SCALING!
12. Pour off water and hand the baggie with the prostheses to the patient. Send brush home with the patient. DO NOT RE-USE DENTURE BRUSHES ON ANOTHER PATIENT!
Central Georgia Technical College
Department of Dental Hygiene
Chart Documentation

At the completion of the appointment it is important to accurately record all services rendered. **Remember: If it is not written down – it didn’t happen!** Be sure to include all of the following information when documenting the appointment:

1. Patients CC (Chief Complaint) in quotations
2. Vital signs
3. IO/EO Exam
4. Plaque Index (include score)
5. OHI given (be specific)
6. Radiographs taken (type taken or reason not taken)
7. Gracey/Curet sequence/ Cavitron/ (specify quads cleaned)
8. Anesthesia if used (type and how much used)
9. Polish/Prophy jet
10. Fluoride (type)
11. Other services such as impressions, sealants, etc
12. Any lesions (be specific with description)
13. Any decay (tooth# & surface)
14. Periodontal status including that patient has been informed (ADRA explained)
15. Any referrals
16. Recall interval or N.V. (next visit) information
17. Student signature
18. Fee information (South Campus)
Central Georgia Technical College
Department of Dental Hygiene

Charting

1. Assemble armamentarium, including mirror, explorer, air, red/blue pencil and pen.
2. Maintain asepsis throughout procedure.
3. Properly position patient and equipment.
4. Remove, as appropriate, appliances/prostheses.
5. Explain procedure to the patient.
7. Dry area to be charted with gentle applications of air and adjust position and lighting to allow adequate visualization.
8. Use direct or indirect vision to inspect all surfaces.
9. Note all conditions of the teeth using the Central Georgia Technical College charting protocol, including but not limited to the following:
   a. Amalgam restorations
   b. Crowns
   c. Inlays/Onlays
   d. Missing teeth for which status is not known until radiographic examination.
   e. Fixed/removable bridges
   f. Full dentures
   g. Composite/Resin restorations
   h. Extracted teeth
   i. Labioversion, linguoversion, etc.
   j. Bridges
   k. Implants
   l. Supernumerary tooth (teeth)
   n. Rotated teeth
   o. Unerupted and partially erupted teeth
   p. RCT (when evident or shown on radiograph)
10. Call charting to instructor when requested during assessment check:
   a. Begin with appropriate first tooth (may be tooth #A or tooth #3, depending on patient’s dentition).
   b. Give complete status of all teeth normally present according to patient’s dentition.
   c. Correctly call findings using G.V. Black’s Classification System when appropriate.
   d. Use appropriate terminology or abbreviations.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>All equipment is checked before turning on/using.</td>
</tr>
<tr>
<td>2.</td>
<td>Turns on vacuum, water &amp; panel (circuits).</td>
</tr>
<tr>
<td>3.</td>
<td>Ensures traps are placed.</td>
</tr>
<tr>
<td>4.</td>
<td>Places sterilized handpieces, syringes &amp; prophylax tips in appropriately labeled drawers in Program Director's office.</td>
</tr>
<tr>
<td>5.</td>
<td>Fills ultrasonic prior to clinic.</td>
</tr>
<tr>
<td>6.</td>
<td>STATIM: Check to see if drain discharge bottle needs to be emptied. Re-fill with water to just above the MIN line.</td>
</tr>
<tr>
<td>7.</td>
<td>Check distiller and empty distilled water into gallon containers. Make sure distiller is running a fresh batch of water.</td>
</tr>
<tr>
<td>8.</td>
<td>Make-up patient goody bags and clinic set-up bags.</td>
</tr>
<tr>
<td>10.</td>
<td>Replenishes clinic dispensers (paper towels, gloves, cups, mouthwash, and soap).</td>
</tr>
<tr>
<td>11.</td>
<td>Provides necessary supplies for students.</td>
</tr>
<tr>
<td>12.</td>
<td>Assists students with clinical procedures when needed.</td>
</tr>
<tr>
<td>13.</td>
<td>Prepares instruments for sterilization and starts autoclave.</td>
</tr>
<tr>
<td>14.</td>
<td>Performs routine housekeeping when necessary; Units should be free of debris.</td>
</tr>
<tr>
<td>15.</td>
<td>Documents any mechanical problems in the clinic.</td>
</tr>
<tr>
<td>16.</td>
<td>Checks operatories for miscellaneous items left out and put up as needed.</td>
</tr>
<tr>
<td>17.</td>
<td>Restocks cabinets in between all units with supplies.</td>
</tr>
<tr>
<td>18.</td>
<td>Ensures all sinks are clean (including sink by instructor's office).</td>
</tr>
<tr>
<td>19.</td>
<td>Notes any low reserves of grading paperwork (indicate in comments below) and informs receptionist.</td>
</tr>
<tr>
<td>20.</td>
<td>Performs spore test (ONLY AFTER CHECKING WITH MRS. HARKINS).</td>
</tr>
<tr>
<td>21.</td>
<td>Pulls traps; solutions disinfected through unit lines.</td>
</tr>
<tr>
<td>22.</td>
<td>Drains ultrasonic.</td>
</tr>
<tr>
<td>23.</td>
<td>Sterilizes instruments.</td>
</tr>
<tr>
<td>24.</td>
<td>Turns off switches.</td>
</tr>
<tr>
<td>25.</td>
<td>If indicated, escorts patient(s) to Cashier for credit card payment.</td>
</tr>
<tr>
<td>26.</td>
<td>If indicated, calls patient dental offices to request recent radiographs.</td>
</tr>
<tr>
<td>27.</td>
<td>If indicated, informs Program Director of any low clinic supplies.</td>
</tr>
</tbody>
</table>

**FINAL GRADE:** 100 - (5 x # deficiencies) =

Instructor comments: 

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125
Clinic Assistant Student Learning Objectives

By the end of the clinic lab session, the student should be able to:

1. Determine that all equipment is functioning properly and ready for the clinic session.
2. Ensure that infection control measures are properly followed throughout the clinic session.
3. Determine when clinic supplies are low.
4. Correctly communicate any mechanical problems or clinic supply needs to appropriate faculty.
5. Accurately perform weekly spore tests on all autoclaves.
6. Demonstrate effective communication skills when contacting dental offices to request radiographs.
7. Provide appropriate assistance in patient care as it relates to patient comfort and safety.
8. Ensure that clinic protocols are followed for patient payment and dismissal.
9. Operate autoclaves correctly and ensure that sterilized instruments are put away.
# CLINIC ASSISTANT GRADESHEET (North Campus)

<table>
<thead>
<tr>
<th>STUDENT</th>
<th>DATE</th>
<th>INSTRUCTOR</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>POINTS</th>
<th>√ or X</th>
<th>Points</th>
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</table>

## CLINIC PREPARATION – 30 Points

<table>
<thead>
<tr>
<th>Item</th>
<th>Points</th>
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</thead>
<tbody>
<tr>
<td>Arrives at 7:30 for am clinic and 12:45 for pm clinic</td>
<td></td>
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<tr>
<td>Wears proper clinic attire</td>
<td></td>
</tr>
<tr>
<td>Mix disinfecting solution as needed, soap and water as needed. Follow manufacturer’s instructions on container</td>
<td></td>
</tr>
<tr>
<td>Ensures items have been sterilized - Critical</td>
<td></td>
</tr>
<tr>
<td>Distribute all sterilized instruments and XCP to correct student unit</td>
<td></td>
</tr>
<tr>
<td>Restock supplies used for instrument preparation (blue paper, indicator tape/strips, gauze)</td>
<td></td>
</tr>
<tr>
<td>Obtain distilled water and starts distillers at beginning of session</td>
<td></td>
</tr>
<tr>
<td>Clean/drain correct LISA’s according to schedule/instructions</td>
<td></td>
</tr>
<tr>
<td>Check fluid levels and function of Assistina according to schedule</td>
<td></td>
</tr>
<tr>
<td>Spore Test in LISA according to schedule</td>
<td></td>
</tr>
<tr>
<td>Fill/drain/clean ultrasonic’s and disinfectant tanks according to schedule and instructions</td>
<td></td>
</tr>
<tr>
<td>Plug in and turn on Anesthesia warmer – fill with anesthesia – Tuesday AM</td>
<td></td>
</tr>
<tr>
<td>Signs all maintenance sheets</td>
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</tbody>
</table>

Other:

## DURING CLINIC SESSION – 35 Points

<table>
<thead>
<tr>
<th>Item</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set up/read spore test according to schedule/instructions</td>
<td></td>
</tr>
<tr>
<td>All instruments and equipment pre-cleaned/oiled properly – Instruments in ultrasonic cleaner, handpieces in Assistina, ultrasonic tips rinsed</td>
<td></td>
</tr>
<tr>
<td>Properly wraps instruments with gauze and indicator strips. Correct information written on outside.</td>
<td></td>
</tr>
<tr>
<td>Load trays in LISA’s properly.</td>
<td></td>
</tr>
<tr>
<td>Remove sealant light tip from disinfecting solution; bag, date, store; DO NOT PUT IN BASKET TO BE AUTOCLAVED OR DO NOT AUTOCLAVE</td>
<td></td>
</tr>
<tr>
<td>Properly performs removable dental appliance cleaning procedures</td>
<td></td>
</tr>
<tr>
<td>Makes unit set-up bags.</td>
<td></td>
</tr>
<tr>
<td>Checks inventory closets and restocks as needed, recording properly in inventory control books</td>
<td></td>
</tr>
<tr>
<td>Keep water wiped off counters and floors; keep trash in waste bins compacted; clean trash from floor, counters shelves and cabinets.</td>
<td></td>
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<tr>
<td>Good rapport with students, instructors, staff, and patients</td>
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<tr>
<td>Assist in all areas of clinic as needed.</td>
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</tbody>
</table>

Other:

## CLINIC CLOSING PROCEDURES – 35 Points

<table>
<thead>
<tr>
<th>Item</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>All autoclaves are turned OFF at end of day</td>
<td></td>
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<tr>
<td>Instrument dryer is off</td>
<td></td>
</tr>
<tr>
<td>Turn off and unplug anesthesia warmers – Wednesday PM</td>
<td></td>
</tr>
<tr>
<td>Clean Assistina according to schedule/instructions</td>
<td></td>
</tr>
<tr>
<td>Drain/clean LISA’s according to schedule/instructions</td>
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<tr>
<td>Inventory doors closed and locked</td>
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<tr>
<td>Assist student operators at the end of clinic</td>
<td></td>
</tr>
<tr>
<td>Remains in clinic until ALL assistants are done and dismissed by instructor</td>
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</tr>
<tr>
<td>Items not left in cold disinfectant at the end of the day unless noted</td>
<td></td>
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</tbody>
</table>

Other:

Critical Errors – Asepsis, Patient Safety, etc. Automatic minus 50 pts

<table>
<thead>
<tr>
<th>TOTAL:</th>
<th>100s</th>
<th>%</th>
</tr>
</thead>
</table>

**IF STUDENT LEAVES FLOOR WITHOUT PERMISSION THEY WILL RECEIVE A ZERO FOR THIS GRADE**
The Dental Clinical Evaluation System enables faculty to evaluate student performance and provide constructive feedback. Each component is essential to the dental hygiene process of care. The following categories will be evaluated:

**Assessment:**
- Medical/Dental History
- Extraoral/Intraoral Assessment
- Periodontal Assessment
- Dental Charting

**Oral Hygiene Instruction**

**Treatment:**
- Dental Hygiene Care Plan – Informed Consent
- Periodontal Debridement
- Supplemental Therapy
- Deposit Removal

**Quality Assurance:**
- Treatment Record documentation
- Comprehensive Care/Clinical Judgment
- Professionalism/Ethics

**GRADE TABULATION**

The grade in each category above is calculated using the MAJOR/MINOR system that follows:

<table>
<thead>
<tr>
<th>Major</th>
<th>Minor</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDH/Vital Signs</td>
<td>POOR pt. mgmt.: inappropriate scheduling or appt procedure for medical condition</td>
</tr>
<tr>
<td>Is not familiar w/meds/medical status/precautions for pt (protocols for angina, diabetes, asthma, etc.)</td>
<td>Does not correctly complete/update demographic information</td>
</tr>
<tr>
<td>*Does not determine the need for premedication</td>
<td>Doesn’t use correct technique when taking BP</td>
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<tr>
<td>Does not correctly complete MDH</td>
<td>Is unaware of pt.'s past medical problems</td>
</tr>
<tr>
<td>Does not correctly complete/premedication protocol</td>
<td>Tobacco use not noted</td>
</tr>
<tr>
<td>*Begin tx w/o determining and recording VS</td>
<td>Incorrect ASA Classification</td>
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<tr>
<td>*Does not have pt. sign MDH</td>
<td>Did not circle “yes” answer in red (each)</td>
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<tr>
<td>*Failure to have instructor approve MDH prior to assessment</td>
<td>Does not correctly complete information at top of gradesheet (each area)</td>
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<tr>
<td>*Failure to follow designated procedure for “yes” responses</td>
<td>Fails to follow protocol when BP too high</td>
</tr>
<tr>
<td>*Do not follow designated procedure</td>
<td>No Oral Medicine sheet when indicated</td>
</tr>
<tr>
<td>*Oral Assessment not complete</td>
<td>Error in patient information on gradesheet</td>
</tr>
<tr>
<td>*Fails to follow up on previously documented pathology</td>
<td>Fails to document findings correctly</td>
</tr>
<tr>
<td>*Fails to detect obvious findings</td>
<td>Fails to document proper occlusal relationship (each incident)</td>
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<tr>
<td>*Fails to have clean mirror, explorer, probe readily accessible for faculty</td>
<td>Fails to determine the need for a consult</td>
</tr>
<tr>
<td>*Fails to have clean mirror, explorer, probe readily accessible for faculty</td>
<td>Improper patient /operator positioning</td>
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<tr>
<td>*Fails to have clean mirror, explorer, probe readily accessible for faculty</td>
<td>Procedure not explained before beginning</td>
</tr>
<tr>
<td>Fails to have clean mirror, explorer, probe readily accessible for faculty</td>
<td>Patient given wrong stain, calculus classification</td>
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**Periodontal Assessment**
<table>
<thead>
<tr>
<th>Action</th>
<th>Failure Description</th>
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<tr>
<td>*Does not probe</td>
<td>Does not use correct probing technique</td>
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<tr>
<td>Patient assigned incorrect Periodontal Class</td>
<td>Does not have radiographs displayed</td>
</tr>
<tr>
<td>Every 3 errors in recession/probing depth measurements by &gt;1mm</td>
<td>Every error in recession/probing depth measurement by &gt;1mm</td>
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<tr>
<td>Fails to note bleeding sites</td>
<td>Fails to note mobility or furcation (per tooth)</td>
</tr>
<tr>
<td>*Fails to chart restorations</td>
<td>Does not document findings correctly</td>
</tr>
<tr>
<td>Transfers caries to record before faculty eval.</td>
<td>Does not label/date updates correctly</td>
</tr>
<tr>
<td>Every 3 charting errors</td>
<td>Every error in charting</td>
</tr>
<tr>
<td>Alters previous dental charting</td>
<td>Does not use proper technique for caries assessment (air, transillumination, explorer)</td>
</tr>
<tr>
<td>*Does not record proper indices</td>
<td>Does not show/explain disclosed areas to pt.</td>
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<tr>
<td>Does not include patient in setting goals for improved oral health</td>
<td>Does not suggest appropriate oral physiotherapy (OPT) aids per individual patient presentation</td>
</tr>
<tr>
<td>Fails to provide current information on tobacco effects on oral health when indicated</td>
<td>Does not refer patient to appropriate agencies for tobacco cessation</td>
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<tr>
<td>Does not explain indices and results to patient</td>
<td>Does not evaluate pt’s physical, mental, or financial ability to use suggested OPT aids</td>
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<tr>
<td>*Fails to sign PHSF, treatment plan: student/patient</td>
<td>Does not explain and/or demonstrate OPT aids</td>
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<tr>
<td>*Patient not informed of perio. health status</td>
<td>Fails to provide current info on effects of oral health</td>
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<tr>
<td>Referral not marked when indicated</td>
<td>Appointment plan/sequencing is inappropriate or unrealistic</td>
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<tr>
<td>Pt signature on tx plan preceded faculty assessment</td>
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<tr>
<td>Treatment: Care Plan-Informed Consent</td>
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<tr>
<td>*No treatment care plan</td>
<td>Assigning incorrect Degree of Difficulty</td>
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<tr>
<td>Does not discuss problem list/oral health status/appointment plan</td>
<td>Problem list and/or care plan require slight revision</td>
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<td>with patient</td>
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<td>*Periodontal Health Status Form (PHSF) not completed when indicated</td>
<td># of appointments are inappropriate for patient’s needs or student’s skill level</td>
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<td>*Failure to sign PHSF, treatment plan: student/patient</td>
<td>Does not recommend proper radiographs</td>
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<td>*Patient not informed of perio. health status</td>
<td>Does not document findings correctly (each)</td>
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<tr>
<td>Treatment: Periodontal Debridement</td>
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<tr>
<td>Cassette does not contain necessary instruments;</td>
<td>Inappropriate use of detection skills (air, explorer)</td>
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<td>Instruments not sharp/stone not available</td>
<td>Improper patient/operator positioning</td>
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<td>Does not clean removable prosthesis properly</td>
<td>Cassette/instruments not neat and orderly</td>
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<td>*Tissue trauma</td>
<td>Inappropriate deposit removal techniques</td>
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<td>Deposit removal form not initiated prior to check-off;</td>
<td>Inappropriate instrument grasp, adaptation, activation, and/or lateral pressure</td>
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<td>Clean mirror not available for faculty</td>
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<td>Does not use correct polishing</td>
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<td>Incorrect handpiece speed</td>
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<td>Does not select proper polishing agent/grit for restorations/stain</td>
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<td>Treatment: Supplemental Therapy (Fluoride/Chemotherapeutics)</td>
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<tr>
<td>Leaves patient during therapy</td>
<td>Does not use correct technique for therapy</td>
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<td>Does not provide patient instruction (post tx)</td>
<td>Patient instructions need minor revisions</td>
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<td>Does not have proper armamentarium for therapy</td>
<td>Fails to document therapy in Treatment Record</td>
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<td>Does not recognize that supplemental therapy is indicated</td>
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<tr>
<td>Fails to prevent ingestion of excess chemotherapeutic agents (saliva ejector, head tilt, isolation)</td>
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<tr>
<td>Quality Assurance: Treatment Record Documentation</td>
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<tr>
<td>Does not establish and/or record recall interval</td>
<td>Each error/omission in patient record</td>
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<tr>
<td>Referral to MD/DDS not recognized, sent or documented</td>
<td>Chief complaint not recorded in record</td>
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<td>Medical alert sticker(s) in wrong location (should be INSIDE record cover)</td>
<td>Failure to write patients name on patient’s chart and or paperwork (each incidence)</td>
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<tr>
<td>Quality Assurance: Comprehensive Care/Clinical Judgment</td>
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<tr>
<td>Does not use correct pen/jamsl during check</td>
<td>Recall interval inappropriate for patient</td>
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<tr>
<td>*Failure to follow infection control protocol</td>
<td>Every 5 minutes past the end of clinic</td>
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129
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Ma - Major Error
Mi - Minor Error

In addition, scoring of calculus charting errors and hard/soft deposit removal errors is different for each semester with increased point deductions for calculus not charted or deposits that remain. Scoring for each clinic lab course is presented in the following examples:
### Central Georgia Technical College
#### Department of Dental Hygiene
#### Calculus Charting Errors

**DHYG1111  CALCULUS CHARTING ERRORS - PER QUAD**

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**DHYG2020  CALCULUS CHARTING ERRORS - PER QUAD**

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**DHYG2090  CALCULUS CHARTING ERRORS - PER QUAD**

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**DHYG2140  CALCULUS CHARTING ERRORS - PER QUAD**

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Percentage weights in each category are different for each clinic lab course with increasing emphasis on deposit removal as students’ progress in the program. The following chart indicates the clinic lab course and the percentage weights assigned to each category:

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<th>Oral Hygiene Instruction</th>
<th>Treatment</th>
<th>Deposit Removal</th>
<th>Quality Assurance</th>
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Central Georgia Technical College
Department of Dental Hygiene
Clinic Rules

1. Students entering the clinic area during clinic sessions must be in full uniform or lab coat.

2. Lab coat should be removed prior to entering reception area.

3. Full uniform must be worn at all times during clinic sessions.

4. Personal discussions or any discussions pertaining to patients while patients are in the clinic or reception area will not be tolerated. If discussions concerning a patient’s treatment or condition are necessary, care must be taken to ensure privacy is maintained.

5. Patient records are the property of Central Georgia Technical College Dental Hygiene Clinic and must not leave the Dental Hygiene Clinic.

6. Each student is responsible for carrying out the duties of his/her assignment.

7. Students are responsible for recruiting their clinical patients. Although the Dental Hygiene Department assists in the scheduling of patients, the ultimate responsibility rests with the student.

8. Students shall NOT bring food or drink into the Dental Hygiene Clinic.

9. Cell phones are not allowed in the clinic area. Keep them OFF in your locker.

10. Each student is responsible for maintaining cleanliness of his/her assigned unit and area.

11. Students shall be in the clinic 30 minutes before the start of a clinic session.

12. Students will be considered tardy if unit is not set up by the beginning of the clinic session and points will be deducted from your grade.

13. Patients will be escorted through the entry door into the clinic for treatment.

14. No observers (i.e. patient’s family, friends, etc.) are permitted in the clinic. Persons accompanying the patient must wait in the reception area. An exception may be made if assistance is needed from a caregiver of a special needs patient.

15. Children shall not be allowed in treatment area with parents who are being treated.

16. During clinic sessions, students must be present in the clinic and must stay busy with dental hygiene related tasks and duties.

17. Students may not leave the facility during clinic hours unless permission has been granted by Clinic Coordinators or Program Director.

18. Following treatment, students must complete a walk out statement and collect payment for each patient treated in the clinic. The walk out statement should be completely filled out and should designate type of payment received (South Campus). Payment is received by the
Program Director along with the walk out statement (South Campus) or Receptionist (North Campus).

19. Patients will be given a completed recare slip to be taken to the receptionist's desk at the end of the appointment.

20. The receptionist schedules the patient according to their recare schedule based on individual needs.
Central Georgia Technical College
Department of Dental Hygiene
Comprehensive Patient Care Policy

Central Georgia Technical College Department of Dental Hygiene is a facility that serves a dual purpose. Not only does this institution provide the educational experience necessary to train competent dental health professionals, but it provides an invaluable service to the people of the community as well. It is our obligation to ensure that the needs of both the dental hygiene student and the patient are met.

Comprehensive treatment for each patient must be consistently delivered; therefore, it is the goal of this facility to ensure that treatment needs are met and/or appropriate referrals are given for each patient.

After the initial patient assessment has been performed, students will formulate a proposed treatment plan. Before beginning treatment, student MUST consult with his/her clinical faculty member for approval of the tentative plan. After treatment plan approval has been obtained and initialed by faculty member, student must present proposed treatment plan to the patient. Patient and student MUST sign bottom of treatment plan prior to initiating any treatment.

Following completion of comprehensive treatment as verified by clinical faculty, patients must be informed in writing of their need for referral. This referral is documented on the patient's comprehensive chart and communicated verbally and in writing to the patient via the "Services Rendered" form (clinical dentist must sign referral after final checkout appointment or earlier in the appointment cycle if need for immediate referral is noted).

Students must attempt to complete treatment for every patient under his/her care. In the event that the patient terminates treatment (or other circumstances arise that prevent completion of treatment) students must provide information regarding the circumstances to the appropriate clinical instructor. Students may not terminate treatment for any patient without the permission of his/her clinical instructor. In addition, students must document patient non-compliance in the patient's chart to support suspension/termination of care.

Recognizing that first year student clinicians are in the initial stages of skill development, patients may be scheduled at a later date to complete.
Central Georgia Technical College
Department of Dental Hygiene Critical Incident Documentation

The following errors will be classified as **Critical Incident errors** and represent a breach in the Dental Hygiene Code of Ethics. Each infraction will result in an automatic “0” in category in which it occurred and a Critical Incident Report.

**Assessment**
1. **Failure to take or update medical history.** (New history form needs to be completed every 3 years)
2. **Failure to have instructor approve medical history prior to assessment.**
3. **Failure to recognize contraindicated procedures.**
4. **Breach of confidentiality related to release of medical information.**
5. **No alert label affixed to record** (when indicated).
6. **Failure to determine the need for antibiotic premedication.**
7. **Failure to chart restorations.**
8. **Begins treatment without determining and recording vital signs.**
9. **Failure to have patient/guardian sign medical/dental history.**

**Oral Hygiene Instructions**
1. **Does not record appropriate indices.**
2. **Does not provide Oral Hygiene Instructions.**

**Treatment Plan**
1. **No treatment care plan.**
2. **Failure to sign treatment plan – student/patient.**

**Quality Assurance**
1. **Failure to sign in on Radiology Log if patient has been treatment planned for radiographs.**
2. **Failure to follow ionizing radiation policy.** (includes forgetting to use lead apron, overexposure of patient)
3. **Failure to follow established clinical protocol.** (leaving unit with gloved hands whether or not gloves are clean, treating a patient who requires premedication and has not premedicated)
4. **Professionalism/Work Ethic infraction as noted by faculty** (to be recorded in Professionalism/Work Ethic Notebook)
5. **Failure to follow infection control protocol.**
6. **Patient dismissed without faculty approval.**

A point will be deducted from a student’s final grade for committing 2 or more Critical Incidents during the semester, and an additional point will be deducted for each subsequent infraction. For example: 2 Critical Incidents=1 point deducted; 3 Critical Incidents=2 points deducted; 4 Critical incidents=3 points deducted, etc.
Dental Hygiene Program Critical Incident Report

Student Name: ___________________________ Date: _____________

Faculty: ___________________________ Clinic Lab Course: DHYG _______

☐ Medical History Error ________________________________

__________________________________________________________

☐ Oral Inspection Omission ________________________________

__________________________________________________________

☐ Asepsis Error ________________________________

__________________________________________________________

☐ Patient Supervision/Safety Error ________________________________

__________________________________________________________

☐ Professionalism Error ________________________________

__________________________________________________________

Student Response: ____________________________________________

________________________________________________________________

Student Signature _________________ Date: ____________

Faculty Signature _________________ Date: ____________

Original to be placed in student’s record; copy to be placed in Critical Incident
Notebook (Program Director’s Office)
Central Georgia Technical College  
Department of Dental Hygiene  
Desensitization of Hypersensitive Teeth

1. Identify hypersensitive teeth (i.e. upon instrumentation, stream of air, or by patient report).

2. Select appropriate desensitizing procedure and prepare armamentarium.

3. Patient Education
   a. Explain procedure and possible outcomes including additional applications.
   b. Stress importance of personal daily oral hygiene.
   c. Recommend avoidance of foods that heighten sensitivity (refined sugar, citrus fruits and their juices).

4. Armamentarium
   a. Mirror, explorer, cotton pliers
   b. Patient bib, cotton rolls, air/water syringe tip
   c. Desensitizing product and applicator

5. Application
   a. Treatment surfaces must be clean, dry and isolated.
   b. Follow manufacturer’s directions.
   c. Briefly apply air to tooth surface to confirm sensitivity and to serve as a baseline for treatment evaluation.
   d. Reapply air to treated area to determine effectiveness by patient report. Retreat if necessary.

6. Home Application
   a. A desensitizing dentifrice, such as one containing potassium nitrate or stannous fluoride may be recommended.
A careful overall observation of each patient and a thorough examination of the oral cavity and adjacent structures are essential for patient assessment prior to dental treatment. Recognition, treatment, and follow-up of specific lesions may be of definite significance to the general and oral health of the patient. At the completion of the extraoral and intraoral examination, findings must be documented in the patient’s record using precise, descriptive terms.

1. Explain the procedure to the patient prior to beginning the examination.

2. Make an overall appraisal of the patient’s physical characteristics. Observe gait, symmetry and color of skin.

3. Bilaterally palpate the parietal scalp, hairline, occipital nodes, temporal and frontal region. Bilaterally palpates the parotid salivary glands, facial expression, muscles, maxillary sinus area, submandibular, sublingual and mental areas. Swellings and tenderness may indicate infection, blockage, or tumors in the glands.

4. Place finger tips just anterior to the tragus of each ear. Ask patient to open as wide as possible and close while you observe the Temporomandibular joint. Make a note of tenderness, crepitus (popping and clicking), and any deviation on opening. Asymmetries may be indicative of malocclusion, TMJ abnormalities, or masses in the soft tissue adjacent to the TMJ.

5. Manually palpate the posterior and anterior cervical chain lymph nodes down to the clavicle. Palpate the thyroid gland and anterior midline cervical region.

6. For the intraoral exam follow all criteria for handwash, safety glasses, mask and a new pair of gloves. Give patient safety glasses to wear. Explain to the patient the procedure of the intraoral exam and place patient in a supine position with proper lighting.

7. Visually inspects the lips and entire oral cavity using the mirror.

8. Bidigitally palpates the lips when lips are opened. Observe frena on maxillary and mandibular regions. Bidigitally palpates the vestibules and cheeks. Examines the dorsal, ventral and lateral borders of the tongue using a 2 x 2 gauze square. Bimanually examines the floor of the mouth, sublingual and submandibular glands and lingual frenum. Examines the hard and soft palate and uvula and tonsillar region. Examines the maxillary tuberosity and retromolar areas. The condition of the teeth and current restorations are examined. Documents all findings on the proper form in patient record.
Central Georgia Technical College
Department of Dental Hygiene
Health History Data-Assessment

1. The health history is completed by the patient and verified by the clinician at the first
appointment and then reviewed at each subsequent appointment to verify and document
changes on the medical history update. This must be signed and dated by clinician and
patient. A complete and thorough health history provides information concerning a patient’s
health, including recording of current vital signs. The health history enables the dental
hygienist to:

- Identify client needs related to oral health and disease and provide comprehensive
dental hygiene care
- Assess overall physical and emotional health and nutritional status
- Identify conditions that necessitate precautions to ensure that oral healthcare meet
the patient’s need for safety and that medical emergencies are prevented
- Assist in the medical and dental diagnosis of various conditions
- Identify conditions for which the patient should be referred for evaluation
- Establish baseline information about the client’s health status

Because the state of a patient’s health is constantly changing, it is necessary to obtain an
updated health questionnaire before oral examination procedures. The health history form
constitutes a legal document and should be completed by the patient in non-erasable ink (no
pencil) and signed and dated by the patient to indicate its accuracy. A new health history
form should be completed every three years.

1. Obtain and review patient records from previous appointments if available. However, a
recall patient must still complete a medical history update. It is advisable to compare
previous record with the current questionnaire.

2. a. NEW PATIENT (Adult – 18 and over) Completely fill out the general, dental and
medical information sections of the health history form in ink.

b. NEW PATIENT (Child or minor – under 18) Parent or guardian must completely fill
out the general, dental and medical information sections of the health history form in
ink. A child under the age of 18 must ALWAYS be accompanied by a parent or
guardian for the duration of the appointment.

3. Establish good communication and rapport with patient.

4. Check health questionnaire for completeness. ALL BLANKS MUST BE ADDRESSED!
If the answer is “none,” “unknown,” or “not applicable,” the blank must still be filled in
with the appropriate answer.

5. Identify responses that require follow-up questions.

a. Any positive or YES responses should be circled in red and fully explained.
b. Positive responses may be followed up in comment section.
6. Check to ascertain that the patient, parent or guardian in the case of a minor, has signed and dated both the health questionnaire/consent form.

7. It is the student’s responsibility to look up any medications taken by the patient in a drug reference text and note any contraindications to dental treatment.

8. When indicated, labels for medical alerts, allergies, and need for premedication should be affixed to inside top of patient’s record.

9. Medical alerts, conditions, premedications, allergies, etc. are noted on top line of clinical grade sheet(s) [Patient Conditions].

10. Determine ASA Classification and note on clinical grade sheet(s).

11. Take and record vital signs and compare to previous readings if available. Follow Blood Pressure Guidelines if necessary.

12. Bring pertinent information to instructor’s attention and seek consultation with clinic dentist and/or patient’s physician if indicated.

13. Entries should be carefully written in blue ink and legible; mistakes should be neatly lined out (1 line only) and initialed. Since the patient’s chart is a legal record, mistakes should NEVER be erased, covered with correction fluid, or lined out until entry is illegible.

14. Information in the health history is confidential and may NOT be discussed with anyone who is NOT directly involved with the patient’s treatment.

15. If patient has previous health history forms, all are to be stapled together with the most current completed form on top.

Patient records must not be removed from the dental hygiene clinic.

Patient records must not be kept in lockers or South Campus roly-carts.

Patient records must always be AVAILABLE!
Patient Authorization for Release of Dental Records

I authorize Central Georgia Technical College’s Dental Hygiene Department to disclose information from the dental records of __________________________ (patient name).

Address: ________________________________________________________________

City: ___________________________ State: ________________________________

Phone Number: ______________________ Date of Birth: ______________________

Specific reports to be disclosed:
☐ X-Ray films
☐ Exam Records
☐ Entire Health Records (including, but not limited to, information regarding medical/dental treatment, demographics, and referral documents)
☐ Other (specify): ______________________________________________________

Specific reports to be disclosed to:
☐ I will pick up the copies of my records.
☐ Mail copy of my records to: __________ patient _______ other (specify below)

Name: ________________________________________________________________

Address: ________________________________________________________________

Phone #: ______________________ Fax #: ______________________________

_____________________________   ______________________  
Signature of Patient (or Patient Representative)       Date

______________________________
Printed Name of Patient or Patient Representative
The elimination of surfaces that promote plaque retention and formation is essential to achieving a healthy periodontium. Hand instruments (scaling and root planing strokes) are used to mechanically remove surface irritants (plaque and calculus) from the teeth in order to maintain or promote the health of the periodontium. Although calculus removal is secondary to plaque removal, it is an important part of the periodontal debridement process. Calculus harbors plaque and lipopolysaccharides (LPS), also called endotoxins, which must be removed for tissue healing to occur. Also, a patient’s home care can be facilitated by calculus removal. However, keep in mind that professional instrumentation makes a limited contribution to arresting the progression of disease without daily plaque control measures by the patient.

1. Establish correct patient and operator positions to obtain maximum visibility and accessibility.
2. Select appropriate instrument and determine the correct cutting edge.
3. Grasp the instrument with a modified pen grasp and establish a finger rest (fulcrum).
4. For subgingival instrumentation, insert the curet beneath the gingival margin at a 0 to 40 degree angulation.
5. Adapt toe-third/tip-third of cutting edge to tooth surface by rolling the instrument handle.
6. Establish correct face-to-tooth angulation between 70 and 80 degrees (>45 and <90 degrees).
7. Activate working stroke:
   a. Press against the tooth with ring finger (fulcrum or finger rest).
   b. Apply lateral or inward pressure against the instrument handle with index finger and thumb.
   c. Activate a short pull stroke in a coronal direction (away from the junctional epithelium).
   d. Use wrist activation for strength and control.
8. Use a series of short, overlapping vertical and oblique strokes to remove deposits.
9. Maintain adaption by rolling instrument handle between fingers.
10. Use a systematic sequence for increased efficiency in calculus removal.

References


Central Georgia Technical College
Department of Dental Hygiene
Instrument Sharpening

Hand-activated instruments must be sharp for efficient and effective instrumentation with minimal tissue trauma. Instruments should be sharpened at the first sign of dullness and may require sharpening during the dental hygiene appointment to maintain sharpness. A sharp cutting edge allows reduction in (1) operating time, (2) clinician fatigue and stress, (3) possibility of burnishing calculus. Sharp cutting edges will allow improvement in instrument control and tactile sensitivity. Sharpening procedures are an essential and integral part of instrumentation. The technique used is Stationary Instrument/Moving Stone Method. The stone used is the Diamond Head Ceramic Stone, which requires no oil or water. To determine instrument sharpness a plastic stick or saliva ejector is used.

The Sharpening Process:

1. Use the Edgemate Chairside Sharpening Guide.
2. Place the guide with the fold line at the edge of the counter.
3. Place the 90° mark perpendicular to the floor.
4. Place the instrument with your non-dominant hand.
5. Position the terminal shank at the 90° mark on the guide.
6. Face the toe of the instrument toward you.
7. The face of the blade will be parallel with the floor.
8. Brace your non-dominant elbow and forearm on the stable work surface.
9. Keep the terminal shank positioned at 90°, perpendicular to the floor.
10. Hold the instrument in a very secure modified pen grasp.
11. Hold the sharpening stone in your dominant hand.
12. Place your thumb against the side of the stone nearest you.
13. Place your fingers on the side of the stone closest to the working surface.
14. Confin your grasp to the lower one-half of the stone.
15. Instrument design determines the correct application of the sharpening stone to the instrument.

Gracey (Area-Specific) Curette – 1 cutting edge:

1. Sharpen only the larger, outer cutting edge.
2. Place the face of the instrument (not the terminal shank) parallel to the floor.
3. Place the stone against the heel of the cutting edge.
4. Position the stone at the 90°.
5. Tilt the upper part of the stone to the 110° mark.
6. Move the stone in short rhythmic strokes against the cutting edge- heel, middle, toe, maintaining the stone at a consistent 110° angle.
7. Sharpen only the larger, outer cutting edge.
8. Carefully adapt the stone in small sections – heel, middle and toe. This will preserve the curved shape.
Sickle Scaler – 2 cutting edges

1. Place the stone against the heel one-third of the cutting edge.
2. Position the stone at the 90° mark.
3. Tilt the upper part of the stone to the 110° mark.
4. Move the stone in short rhythmic strokes (heel, middle and toe) against the cutting edge, maintaining at a consistent 110° angle at the heel of the instrument.
5. Proceed to the middle one-third of the blade and repeat the sharpening process.
6. Finish at the toe one-third with a downstroke.

Opposite Edge of the Sickle Scaler

8. To sharpen the opposite edge, place the stone against the heel one-third of the opposite cutting edge.
9. Position the stone at the 90° mark.
10. Tilt the upper part of the stone to the 110° mark.
11. Move the stone in short rhythmic strokes (heel, middle and toe) against the cutting edge, maintaining the stone at a consistent 110°.
12. Proceed to the middle one-third of the blade and repeat the sharpening process.
13. Finish the toe one-third with a downstroke.

The Universal Curette – 2 cutting edges

1. Place the stone against the heel one-third of the cutting edge.
2. Position the stone at the 90° mark.
3. Tilt the upper part of the stone to the 110° mark.
4. Move the stone in short rhythmic strokes (heel, middle and toe) against the cutting edge, maintaining the stone at a consistent 110° angle.
5. Proceed to the middle one-third of the blade and repeat the sharpening process.
6. Round the toe with continual downward strokes, rotating around the toe of the curette.

Opposite edge of the Universal Curette

7. To sharpen the opposite edge, place the stone against the heel one-third of the opposite cutting edge.
8. Position the stone at the 90° mark.
9. Tilt the upper part of the stone to the 110° mark.
10. Move the stone in short rhythmic strokes (heel, middle and toe) against the cutting edge, maintaining the stone at a consistent 110° angle.
11. Proceed to the middle one-third of the blade and repeat the sharpening process.
12. Round the toe with continual downward strokes, rotating around the toe of the curette.
Central Georgia Technical College  
Department of Dental Hygiene  
Live Work Policy

1. Services are offered to the public.

2. Services may not be rendered to anyone under the age of 4 (unless specific permission is granted by the Program Director).

3. Patients under the age of 18 must be accompanied at all times by a parent or legal guardian.

4. Appointments may be scheduled by telephone. Walk-ins are accepted on space availability.

5. All patient records are kept confidential.

6. All work will be performed by students under the supervision of a licensed dentist or dental hygienist faculty member.

7. All patients (or guardians of patients under the age of 18) must complete and sign a health history form prior to any exam or treatment.

8. Patients will receive an explanation of recommended treatment, treatment alternatives, the option to refuse treatment at any time, risks of not undergoing treatment, and the expected outcome of various treatments. Patients (or guardians of patients) must sign an individualized treatment plan prior to initiating any treatment.

9. Appointments will be forfeited if patient is more than 15 minutes late and has not contacted the dental hygiene receptionist.

10. The CGTC Dental Hygiene Clinic is able to provide comprehensive dental hygiene care; however, patients must follow up with a visit to a private dentist for comprehensive dental care and/or other dental specialist if indicated.

11. Students may render services on each other with an instructor's approval.

12. Fees are kept to a minimum and are collected when services are rendered. There are no complimentary services.

13. An itemized list of charges for each service is completed for each patient at the time fees are collected. Fees are collected by dental hygiene faculty members and money is kept locked in the Program Director's office (South Campus) and Reception Desk (North Campus).

14. Weekly, the Program Director or dental hygiene faculty member submits monies to the CGTC Cashier (South Campus). Daily, the Receptionist of dental hygiene faculty member submits monies to the CGTC Cashier (North Campus).

15. An itemized income and expense sheet is completed for each semester that live work is performed in the clinic.
Central Georgia Technical College
Department of Dental Hygiene
Mixing Laboratory Chemicals

Evacuation System Cleaner - unit suction system to be completed weekly

1. Wear heavy-duty utility gloves with standard personal protective equipment (PPE) when preparing or working with the solution.
2. Avoid contact of the solution with eyes, skin, and clothing.
3. ALWAYS read and follow label directions and precautions.
4. Fill gallon container (Certol® Tidy Tote Dispenser) with hot water.
5. Add 4 tubes of Pro E-Vac to dispenser and mix well.
6. Turn on low and high speed suction valves and place in the dispenser.
7. Aspirate 16 oz of solution for slow speed suction; aspirate 16 oz of solution for high speed suction (32 oz total per unit).

One dispenser of solution will be enough for 4 units (1 entire bay) in the clinic.

Ultrasonic Cleaner

1. Wear heavy-duty utility gloves with standard PPE when preparing or working with the solution.
2. Avoid contact of the solution with eyes, skin, and clothing.
3. ALWAYS read and follow label directions and precautions.
4. For general cleaning of contaminated instruments, use 3 even squirts of the ultrasonic cleaning solution to one full tank of warm water.
Central Georgia Technical College
Department of Dental Hygiene
Occlusion

Types of facial profiles

1. Mesognathic- having slightly protruded jaw
2. Retrognathic- (convex) having a prominent maxilla and a retruded mandible.
3. Prognathic- (concave) having a prominent, protruded mandible and a normal maxilla.

Malrelationships of groups of teeth

1. Crossbites
   a. Anterior- Maxillary incisors are lingual to mandibular incisors.
   b. Posterior- Maxillary or mandibular posterior teeth are either facial or lingual to their normal position.
2. Edge to edge
   a. Anterior- Incisal surfaces of maxillary teeth occlude with the incisal surfaces of the mandibular teeth.
   b. Posterior- Molars and premolars occlude cusp to cusp when viewed mesiodistally.
3. Openbite- Lack of occlusal or incisal contact between maxillary and mandibular teeth because they have failed to reach the line of occlusion.
4. Overjet- The horizontal distance between the labioincisal surfaces of the mandibular incisors and the linguoincisal surfaces of the maxillary incisors.
5. Underjet- Maxillary teeth are lingual to mandibular teeth.
6. Overbite- Vertical distance by which the maxillary incisors overlap the mandibular incisors.

Malpositions of individual teeth

1. Labioversion- A tooth that has assumed a position labial to normal
2. Linguoversion- Position lingual to normal
3. Buccovertions- Position buccal to normal
4. Supraversion- Elongated above the line of occlusion
5. Torsoversion- Turned or rotated
6. Infraversion- Depressed below the line of occlusion
7. Transversion or Transposition- Tooth is in the wrong order in the arch

Normal/Ideal Occlusion

1. Facial- Mesognathic
2. Molar- Mesiobuccal cusp of the maxillary 1st permanent molar occludes with the buccal groove of mandibular 1st permanent molar
3. Canine- Maxillary permanent canine occludes with the distal 1/2 of the mandibular canine and the mesial 1/2 of the mandibular 1st premolar
Malocclusion Classifications

Class I/ Neutroclusion

1. Facial- Mesognathic
2. Molar- Mesio buccal cusp of the maxillary 1st permanent molar occludes with the buccal groove of mandibular 1st permanent molar.
3. Canine- Maxillary permanent canine occludes with the distal ½ of the mandibular canine and the mesial ½ of the mandibular 1st premolar, but with malposition of individual teeth or groups of teeth.

Variations that may occur in Class I
a. Crowded maxillary or mandibular anterior teeth
b. Protruded or retruded maxillary incisors
c. Anterior crossbite
d. Posterior crossbite
e. Mesial drift of molars due to premature loss of teeth.

Class II/ Distocclusion

1. Facial- Retrognathic
2. Molar- buccal groove of mandibular molar is distal to the mesiobuccal cusp of maxillary 1st permanent molar by a width of ½ a premolar.
3. Canine- distal surface of mandibular canine is distal to mesial surface of maxillary canine by width of a ½ a premolar.

Division 1
a. Description: The mandible is retruded and all maxillary incisors are protruded.
b. General types of conditions that occur in this division: deep overbite, excessive overjet, abnormal muscle function (lips), short mandible, or short upper lip.

Division 2
a. Description: the mandible is retruded, and one or more maxillary incisors are retruded
b. General types of conditions that occur in this division: maxillary lateral incisors protrude while central incisors retrude, crowded maxillary anterior teeth, or deep overbite.

Subdivision
a. One side is Class I, the other is Class II (may be Division 1 or 2)
Central Georgia Technical College  
Department of Dental Hygiene  
Operator Positioning

MAXILLARY ARCH

SEXTANTS 1 & 3 - Light above patient's chest- light beam is rotated up – Patient is in supine position with chin up

1. **Buccals sextant 1**, use mirror for retraction of cheek, patient turns away from you, use direct vision, sit at 9 to 10 o'clock
2. **Linguals of sextant 3**, use mirror for illumination, patient turns away from you, use direct vision, sit at 9 to 10 o'clock
3. **Linguals of sextant 1**, use mirror, patient turns toward you, use indirect and direct vision, sit at 10 to 11 o'clock
4. **Buccals of sextant 3**, use mirror for retraction of cheek, patient turn toward you, use indirect and direct vision, sit at 10 to 11 o'clock

Sextant 2 - canine to canine

1. **Maxillary facials** – surfaces coming toward you – sit at 8 to 9 o'clock- direct vision
2. **Maxillary facials** – surfaces going away from you – sit at 12 o’clock – direct vision
3. **Maxillary linguals** - surfaces coming toward you – sit at 8 to 9 o’clock – use the mirror with indirect vision (I sit at 12:00 for this area)
4. **Maxillary linguals** – surfaces going away from you – sit at 12 o’clock – use the mirror with indirect vision

MANDIBULAR ARCH

Sextants 4 & 6 – Dental light directly above patient’s mouth – **Patient is in semi-supine position with chin down**

1. **Buccals of Sextant 4**, use mirror for retraction of cheek, patient turns toward you, use direct vision, sit at 10 to 11 o’clock
2. **Lingual of Sextant 6**, use mirror for retraction of tongue, patient turns toward you, use direct vision, sit at 10 to 11 o’clock
3. **Buccals of Sextant 6**, use mirror for retraction of cheek, patient turns slightly away from you or straight on. Use direct vision, sit at 9 o’clock
4. **Linguals of Sextant 4**, use mirror for retraction of tongue, patient turns away from you. Use direct vision, sit at 9 o’clock.
Sextant 5 - MANDIBULAR ANTERIORS – canine to canine

1. **Mandibular facials** - surfaces coming toward you – sit at 8 to 9 o’clock – use direct vision
2. **Mandibular linguals** - surfaces coming toward you – sit at 8 to 9 o’clock – use mirror with indirect vision – have patient bend their chin down
3. **Mandibular facials** - surfaces going away from you – sit at 12 o’clock – use direct vision
4. **Mandibular linguals** - surfaces going away from you – sit at 12 o’clock – use mirror with indirect vision – have patient bend their chin down to see with direct vision
Patient education is crucial to the oral health care of the patient. The services provided by the dental hygienist are both preventive and therapeutic in nature. Dental and dental hygiene clinical services have a limited probability of long-range success if the patient does not understand why they have been rendered. In addition, the patient must understand the importance of his/her role in maintaining his/her oral health. Individual oral health care regimens can be evaluated periodically by specific oral indices. By comparing sequential scores, the patient's success or failure in modifying his/her daily oral hygiene routine can be evaluated.

The clinician will be providing knowledge, demonstration, patient participation and reinforcement using the following protocol:

1. Prepare the patient:
   a. Review the patient’s record.
   b. Question patient as to personal goal for oral health.
   c. Ascertain patient’s knowledge of plaque control.
      i. Definition of plaque
      ii. Objectives of plaque control
      iii. Techniques for plaque removal
      iv. Frequency of plaque removal

2. Evaluate Patient’s Oral Status
   a. Evaluate oral cavity for health and disease
      i. Hard tissue
      ii. Soft tissue
   b. Evaluate patient’s oral hygiene routine
   c. Disclose teeth
   d. Evaluate teeth for location and amount of plaque
      i. Patient assessment of own mouth
      ii. Clinician assessment
   e. Perform needed indices
   f. Determine instructional needs of patient
      i. Age
      ii. Previous habits
      iii. Dexterity
      iv. Present dental knowledge

3. Demonstrate Oral Hygiene Technique
   a. Demonstrate selected plaque control concepts with patient
      i. Toothbrushing
      ii. Interproximal cleaning (flossing)
      iii. Other aids
b. Modify patient’s oral hygiene technique to remove existing plaque with brush and mirror.
c. Have patient demonstrate new oral hygiene techniques in their own mouth.

4. Evaluate Patient’s Knowledge
   a. Determine patient's current comprehension of plaque control.
   b. Determine need for additional knowledge and/or oral hygiene technique reinforcement.
   c. Perform post-instructional indices.
   d. Schedule patient for re-evaluation (recall).
   e. Record oral hygiene instruction given and evaluation on patient’s record.
### Classification of Calculus/Stain

<table>
<thead>
<tr>
<th>Assigned Number</th>
<th>Description</th>
<th>Examples and Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Plaque and no calculus.</td>
<td>Example: No calculus throughout.</td>
</tr>
</tbody>
</table>
| I               | **Slight** supragingival calculus and/or stain extending only slightly below the free gingival margin (not more than 2mm) **present on less than 1/3 of the dentition** (approximately 9 teeth). | Example: Very light chalky/grainy calculus on the mandibular anteriors. May present interproximally and on facial and lingual surfaces.  
Exception: A student may receive a “I” assessment for deposits in the event the patient presents with no calculus yet has over-countoured crowns or many overhangs.  
Exception: The patient presents with advanced periodontal disease stages including furcations and severe recession yet they are being maintained (gingivitis on a reduced but stable periodontium). |
| II              | Light amounts of supra and/or subgingival calculus and/or stain extending below the free gingival margin (at least 2mm) which is **present on more than 1/3 of the dentition** (more than 9-less than 14 teeth) | Example: Light amounts of calculus deposits, firmly attached, across the mandibular anteriors, and interproximal on molars and premolars.                                                                                                                                                                                                                   |
| III             | Moderate amounts of supra and/or subgingival calculus and/or stain extending more than 2mm below the free gingival margin and **present on more than ½ of the dentition** (approximately 15-20 teeth) | Example: Calculus deposits, firmly attached, supra and subgingivally throughout the patient’s mouth.                                                                                                                                                                                                                                                         |
| IV              | Heavy amounts of supra and/or subgingival calculus (ledges) and/or stain extending more than 4mm below the free margin and **present on more than ¾ of the dentition** (approximately 21 or more teeth) | Example: Calculus deposits firmly attached (extremely hard) throughout the patient’s mouth. These deposits will present as ledges/rings circumferentially around the patient’s teeth.                                                                                                                                                    |
Note: All patients classified as III or higher will be scaled in quadrants and evaluated by quadrant. Selective polishing will be done upon completion of all scaling. Patients with moderate or severe periodontitis must be treatment planned for an NSPT re-evaluation prior to establishing a re-care interval.

AAP Periodontal Classification

Definitions:

Healthy gingiva: no plaque/calculus; probe depths < 3mm; no CAL
Gingivitis: light plaque/calculus if present; probe depths < 4mm; no CAL
Early Chronic Periodontitis: supra- & subgingival deposits; probe depths 4-5mm; CAL 1-2mm; slight horizontal bone loss (≤ 20%).
Moderate Chronic Periodontitis: supra- & subgingival deposits; probe depths 6-7mm; CAL 3-4mm; moderate horizontal/vertical bone loss (20-50%); some mobility; some early furcation involvement.
Severe Chronic Periodontitis: probe depths > 8mm; CAL ≥ 5mm; horizontal and vertical bone loss (> 50%); mobility and furcation involvement.

Definition of Terms:

LOCALIZED ¼ or less of the total number of teeth present in the mouth (divide the number of teeth by four)

GENERALIZED More than ¼ of the total number of teeth present in the mouth (divide the number of teeth by four)

Example: A patient has 28 teeth (pontics on fixed bridges are counted as teeth, dentures and removable partials are not), divide 28 by 4 to calculate 1/4 of the total number of teeth. In this case 1/4 would be 7. If 7 or less teeth have calculus it would be localized, more than 7 teeth it would be generalized.

• If the number of teeth are not evenly divisible by four, round down to the closest number divisible by four. Ex. A patient has 30 teeth, the closest number divisible by 4 is 28.

1. LIGHT Supragingival calculus covering less than 1/4 of the exposed tooth surface.

2. MODERATE Supragingival calculus covering more than 1/4 but not more than 1/2 of the exposed tooth surface or the presence of individual flecks of subgingival calculus around the cervical portion of the tooth or both.
3. HEAVY: Supragingival calculus covering more than 1/2 of the exposed tooth surface or a continuous heavy band of subgingival calculus around the cervical portion of the tooth or both.

American Academy of Periodontology (AAP) Classification of Periodontal Disease

I. Gingival diseases
A. Dental plaque-induced gingival diseases*
   1. Gingivitis associated with dental plaque only
      a. Without other local contributing factors
      b. With local contributing factors (see VIIIA)
   2. Gingival diseases modified by systemic factors
      a. Associated with the endocrine system
         (1) Puberty–associated gingivitis
         (2) Menstrual cycle–associated gingivitis
         (3) Pregnancy–associated
            a. Gingivitis
            b. Pyogenic granuloma
         (4) Diabetes mellitus–associated gingivitis
      b. Associated with blood dyscrasias
         (1) Leukemia–associated gingivitis
         (2) Other
   3. Gingival diseases modified by medications
      a. Drug-influenced gingival diseases
         (1) Drug-influenced gingival enlargements
         (2) Drug-influenced gingivitis
            a. Oral contraceptive–associated gingivitis
            b. Other
   4. Gingival diseases modified by malnutrition
      a. Ascorbic acid-deficiency gingivitis
      b. Other
B. Non-plaque-induced gingival lesions
   1. Gingival diseases of specific bacterial origin
1. Neisseria gonorrhoea-associated lesions
2. Treponema pallidum-associated lesions
3. Streptococcal species-associated lesions
4. Other

2. Gingival diseases of viral origin
   a. Herpes virus infections
      (1) Primary herpetic gingivostomatitis
      (2) Recurrent oral herpes
      (3) Varicella-zoster infections
   b. Other

3. Gingival diseases of fungal origin
   a. Candida species infections
      (1) Generalized gingival candidiasis
   b. Linear gingival erythema
   c. Histoplasmosis
   d. Other

4. Gingival lesions of genetic origin
   a. Hereditary gingival fibromatosis
   b. Other

5. Gingival manifestations of systemic conditions
   a. Mucocutaneous disorders
      (1) Lichen planus
      (2) Pemphigoid
      (3) Pemphigus vulgaris
      (4) Erythema multiforme
      (5) Lupus erythematosus
      (6) Drug-induced
      (7) Other
   b. Allergic reactions
      (1) Dental restorative materials
         a. Mercury
         b. Nickel
         c. Acrylic
         d. Other
      (2) Reactions attributable to
         a. Toothpastes/dentifrices
         b. Mouthrinses/mouthwashes
         c. Chewing gum additives
         d. Foods and additives
      (3) Other

6. Traumatic lesions (factitious, iatrogenic, accidental)
   a. Chemical injury
   b. Physical injury
   c. Thermal injury

7. Foreign-body reactions
8. Not otherwise specified

II. Chronic periodontitis**
   A. Localized
B. Generalized

III. Aggressive periodontitis**
A. Localized
B. Generalized

IV. Periodontitis as a manifestation of systemic diseases
A. Associated with hematologic disorders
   1. Acquired neutropenia
   2. Leukemias
   3. Other
B. Associated with genetic disorders
   1. Familial and cyclic neutropenia
   2. Down syndrome
   3. Leukocyted adhesion deficiency syndromes
   4. Papillon-Lefevre syndrome
   5. Chediak-Higashi syndromes
   6. Histiocytosis syndromes
   7. Glycogen storage diseases
   8. Infantile genetic agranulocytosis
   9. Cohen syndrome
  10. Ehlers-Danlos syndrome (Types IV and V11AD)
  11. Hypophosphatasia
  12. Other
C. Not otherwise specified (NOS)

V. Necrotizing periodontal diseases
A. Necrotizing ulcerative gingivitis (NUG)
B. Necrotizing ulcerative periodontitis (NUP)

VI. Abscesses of the periodontium
A. Gingival abscess
B. Periodontal abscess
C. Pericoronal abscess

VII. Periodontitis associated with endodontic lesions
A. Combined periodontal-endodontic lesions

VIII. Developmental or acquired deformities and conditions
A. Localized tooth related factors that modify or predispose to plaque-induced gingival diseases/periodontitis
   1. Tooth anatomic factors
   2. Dental restorations/appliances
   3. Root fractures
   4. Cervical root resorption and cemental tears
B. Mucogingival deformities and conditions around teeth
   1. Gingival/soft tissue recession
      a. Facial or lingual surfaces
      b. Interproximal (papillary)
   2. Lack of keratinized gingival
   3. Decreased vestibular depth
   4. Aberrant frenum/muscle position
   5. Gingival excess
      a. Pseudopocket
b. Inconsistent gingival margin
c. Excessive gingival display
d. Gingival enlargement (see IA3 and IB4)

6. Abnormal color

C. Mucogingival deformities and conditions on edentulous ridges
   1. Vertical and/or horizontal ridge deficiency
   2. Lack of gingival/keratinized tissue
   3. Gingival/soft tissue enlargement
   4. Aberrant frenum/muscle position
   5. Decreased vestibular depth
   6. Abnormal color

D. Occlusal trauma
   1. Primary occlusal trauma
   2. Secondary occlusal trauma

* Can occur on a periodontium with no attachment loss or on a periodontium with attachment loss that is not progressing

** Can be further classified on the basis of extent and severity. As a general guide, extent can be characterized as localized if less than or equal to 30% of sites involved or generalized if greater than 30% of sites involved. Severity can be characterized on the basis of clinical attachment loss (CAL) as follows:

Slight = 1-2 mm CAL
Moderate = 3-4 mm CAL
Severe = over 5 mm CAL
DENTAL HYGIENE PROGRAM
PATIENT SURVEY

Student __________________________ Date: __________________________

It is our goal at Central Georgia Technical College to provide quality, comprehensive, and affordable dental hygiene care in an efficient and timely manner. We are a training facility and welcome your assistance in helping us to obtain our goals.

Instructions: We value your opinion to better assist us in providing quality patient care in our clinic. Check the box which most closely describes your experience.

<table>
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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. When I contacted the clinic to make an appointment, I was treated in a courteous manner.</td>
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<td>2. The conduct of the staff at the reception desk was professional and efficient.</td>
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<td>3. The student explained my responsibilities and rights as a patient.</td>
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<td>4. Clinic policies, infection control policies, and the fee schedule were explained to me.</td>
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<td>4. The student who treated me had a professional appearance (clean uniform, neat, and well groomed).</td>
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<td>5. The student clearly explained my oral condition and each procedure performed.</td>
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<td>6. The student had a good patient rapport with me and was courteous.</td>
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<td>7. During my appointment, I was told if I needed any additional treatment.</td>
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<td>8. The student provided thorough and clear oral hygiene instructions and had me repeat them to demonstrate that I understood the instructions</td>
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<td>9. The student answered all of my questions to my satisfaction.</td>
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<td>10. The instructor treated me with courtesy and respect.</td>
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<td>11. The clinic facility and equipment was clean, modern and safe. The care I received by the student was thorough, safe and equal or better than the care I have received in a private office.</td>
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Rev 5/13

We welcome your comments! Please comment on something you particularly liked or disliked about your experience today: ___________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Thank you for taking the time to provide us with this information.
Please give to the receptionist as you leave.
### Central Georgia Technical College

**Department of Dental Hygiene (South Campus)**

**End of Semester Patient Record Evaluation**

- **Evaluated by**: _______________________________
- **Semester**: ________________________________
- **NAME OF PATIENT**: ________________________________
- **Date of Evaluation**: __________________
- **LAST STUDENT TO TREAT PATIENT**: ____________________________________________

**List all omissions:**

1. _______________________________________
2. _______________________________________
3. _______________________________________
4. _______________________________________

Were omissions discussed with student?  YES  ____ NO  ____ N/A

If yes, when? ____ / ____ / ______  Student Signature ___________________________________

**Total points taken off this semester’s point total**

______  INSTRUCTOR TO INITIAL AND DATE RECORD

(BELOW PATIENT’S NAME) FOLLOWING RECORDS REVIEW

<table>
<thead>
<tr>
<th></th>
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<th>NO</th>
<th>NA</th>
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Central Georgia Technical College  
Department of Dental Hygiene (North Campus)  
Chart Review for Quality Assurance

Patient Name: ___________________ Student: _______________ Date: ______
Reviewed by: ___________________ Faculty (1) _______________________

<table>
<thead>
<tr>
<th>Category</th>
<th>Findings</th>
<th>Remedy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical History/Update</td>
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<tr>
<td>Filled Out Completely</td>
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<tr>
<td>Signed by Patient, Dentist, and Student</td>
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<tr>
<td>Treatment Record</td>
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<td>Signed by Student and Instructor</td>
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<tr>
<td>Case types and Recare Schedule recorded</td>
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<td>Tx. Record Completed matches Tx. Plan</td>
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<td>Patient Rights</td>
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<td>Signed by Patient</td>
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<tr>
<td>Radiographs</td>
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<tr>
<td>Prescript. Signed by DR or RX from outside DR</td>
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<tr>
<td>Radiographic Release Signed by Patient</td>
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<tr>
<td>X-rays Taken</td>
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<tr>
<td>Intra-Extra Oral Exam</td>
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<td>Patient Info, Date, and Student’s Name</td>
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<td>All Areas Complete</td>
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<td>Medical Summary Box Completed</td>
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<td>Periodontal Charting</td>
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<td>Probing Completed at Visit</td>
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<td>Patient Info, Date, and Student’s Name</td>
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<td>Patient Treatment Plan</td>
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<tr>
<td>Previous Radiographs Noted</td>
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<td>Case Types Noted</td>
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<td>Signed by Patient</td>
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<td>PASS</td>
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<td>Completed at each appointment</td>
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<td>Initiated by Student and Instructor</td>
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<td>Caries Risk Assessment</td>
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<td>Form complete with all information</td>
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<td>Hard tissue Charting</td>
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<td>Patient Info, Date, and Student’s Name</td>
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<td>Program Treatment Slip</td>
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<td>Suspicious Areas &amp; Dentist Referral’s Noted</td>
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<td>Signed by Student and Instructor</td>
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Central Georgia Technical College
Department of Dental Hygiene
Patient Treatment Sequence

**Definition:** Instructor check – Evaluation and Grade
Dismissal check – Feedback, tissue evaluation (i.e. similar to a supervised situation with a dentist)

1. Obtain and review chart; Greet patient in waiting room MDH (to patient)
2. Seat patient
3. Review/update MDH; Wash hands; Take vital signs; place alert stickers if needed; obtain pt signature and your signature; Pharmacology sheet to be filled out if necessary
4. **Instructor Check** Ask patient to read welcome letter during instructor check
5. Place patient napkin
6. Request patient pre-rinse with antibacterial rinse
7. Open instruments
8. Handwash-Glove-Mask
9. **Begin Assessment Phase**
   a. Extra/Intraoral, gingival exam
   b. Occlusion and deposit evaluations
   c. Probing exam and periodontal exam
   d. Dental charting
   e. Disclose and perform Plaque Index
   **Begin Planning Phase**
   a. Calculate patient Degree of Difficulty (I, II, III, IV…) Polishing, and type of Fl2 (be specific); OHI
   b. Assess need for radiographs and include radiographic needs in the treatment plan.
   c. Formulate treatment plan; include pre-rinse, scaling (i.e. per quadrant), re-evaluation, selective polishing
10. **Instructor Check – Assessment and Planning**
    a. After you ask for a check, you can go on to OHI if instructor is busy
    b. Indicate assessment errors on grade sheet in pencil
    c. Make corrections on patient record
11. Give OHI (if not done previously); Sign up in notebook if radiographs are indicated
12. Expose any indicated radiographs. **Mount and place on viewbox to refer to during scaling.**
13. Scaling. Follow your treatment plan. If treatment plan changes are necessary due to tissue response or amount and quality of calculus, consult with instructor and document changes in patient record

14. **Calculus Check (TBC patients only)**
   Always done prior to patient dismissal! Ask for feedback if time allows. Instructor may not have time to check scaling if clinic time is short.
15. Dismiss patient. (15-20 minutes prior to end of appointment) Schedule patient for next appointment. If patient needs 3 more appointments, go ahead and make all 3 appointments.

16. **Instructor Check – Scaling**
   For grade: no feedback after completion. A scale check cannot be given unless time allots for rescale if indicated.

17. **Instructor Check – Polishing**
   After completion of all quadrants. For grade: no feedback after completion.
   - Check polishing/flossing yourself with disclosing and air. Remove any remaining deposits. Disclose prior to Faculty Evaluation. You are to assist with air during the polish evaluation.

18. Fluoride application
19. Remove patient napkin
20. Remove mask and gloves
21. Handwash
22. Collect fee and fill out procedure form
23. Set up recall system: make your own recall information
24. **Dismissal Check** – Fees and Walkout form given to instructor. Let your instructor know that you are now dismissing the patient
25. **Dismiss patient (give Referral Form if needed)**, 15 to 20 minutes prior to the end of the clinic session
26. **Complete paperwork and present to instructor for grading** (Should include Next Visit (N.V.) Info)
27. **Disinfect and secure unit; Be sure to sign off with Clinic Assistant**
28. Sterilize instruments
Welcome to the Central Georgia Technical College Dental Hygiene Clinic!

It is the intent of the Dental Program at Central Georgia Tech to provide you with the best possible preventive care. Please keep in mind that this is an educational institution and appointments may be longer and more frequent than what you have experienced in a private dental office.

1. Treatment in the Clinic proceeds more slowly than in a private office since the services are rendered by students and are carefully evaluated by faculty members. Completion of procedures cannot be guaranteed in any specific period of time. Generally preventive treatment appointments are two to three hours in length.

2. The dental hygiene student has a certain amount of time set aside to complete their clinical requirements. Their time, like yours, is very valuable. We appreciate your being punctual for your scheduled appointment. Failure to keep appointments or tardiness for whatever reason may lead to your dismissal as a clinic patient.

3. You will be provided with an explanation of recommended treatment, treatment alternatives, the option to refuse treatment at any time, the risk of not undergoing treatment, and the expected outcome of various treatments.

4. **We are able to provide you with comprehensive dental hygiene care, but for comprehensive dental care, you MUST follow up with a visit to your dentist for a complete dental exam.** You are responsible for scheduling an appointment with your dentist for a complete dental exam to ensure comprehensive care. All records are the property of the Dental Department. We will be happy to forward a copy of your radiographs to your dentist.

5. Fees will be charged for services provided and are based on covering the expenses needed to provide services. Fees are kept to a minimum, but must be collected when services are rendered.

**Services provided at the Central Georgia Tech Dental Hygiene Department include:**

- Medical & Dental History
- Oral Inspection
- Nonsurgical Periodontal Therapy
  - Scaling
  - Root planing
  - Ultrasonic Scaling
  - Polishing
- Oral Hygiene Instruction
- Sealants
- Fluoride Treatments
- Fluoride Varnish (for hypersensitivity)
- Athletic Mouthguard
- Study Models
- Impressions
- Bleaching/Fluoride Trays
- Nightguard
- Antimicrobials
- Nutritional Counseling
- Prosthesis Care
- X-rays
  - Panoramic Exposures
  - Bitewing Exposures
  - Periapical Exposures
  - Full-mouth Exposures
  - Occlusal Exposures
Central Georgia Technical College
Department of Dental Hygiene
Periodontal Charting

Information displays total attachment loss, periodontal case type, furcation involvement, gingival bleeding and suppuration points.

1. Asepsis
   a. Refer to section on Asepsis

2. Patient Positioning
   a. Refer to section of Positioning

3. Procedure
   a. Use a systematic order in inspection. **Student must periodontal chart entire dentition prior to classification of patient.**
   b. Use red/blue pencil to record measurements and mark on charting form.
   c. Periodontal entries are recorded along with the date of entry.
   d. Never erase on any clinical record – if necessary, draw one line through error, initial, date, and write correction.
   e. Sulcus and pocket depth to be identified and measured by use of a periodontal probe.
   f. Probe entire circumference of tooth-record all depths at mesiobuccal, direct buccal, distobuccal, mesiolingual, direct lingual, and distolingual and record the 6 readings on charting form in proper box marked probe. Readings with 4mm and above are recorded in red. Date the entry on line under probe.
   g. Bleeding points are charted in red (small dot in area of bleeding on tooth chart near the apex of tooth).
   h. Suppuration points are charted in blue (small blue dot in area of suppuration).
   i. Mobility is charted in blue.
   j. Furcation is charted in blue near the furcation entrance on tooth root.
   k. Recession is recorded in recession box and clinical attachment loss (CAL) is calculated and recorded.
Patients who meet the following criteria should be referred to a periodontist for evaluation:

1. Chronic periodontitis with probing depths greater than 5 mm, furcation involvement, and/or problematic gingival recession
2. Aggressive (localized, generalized) periodontitis
3. Periodontitis associated with systemic diseases (such as diabetes mellitus)
4. Periodontitis with significant or increasing tooth mobility
5. Periodontal lesions adjacent to necrotic (or endodontically treated) teeth
6. Refractory (considered nonresponsive to treatment) or recurrent periodontitis (responsive, but still headed downhill)
7. Patients who have aesthetic concerns about the interplay between teeth, restorations, and the gingiva or alveolar arches
8. Patients with mucocutaneous disorders affecting the oral soft tissues (e.g. pemphigus, lichen planus)
## RADIOLOGY ASSISTANT GRADESHEET

**STUDENT**

**DATE**

**GRADING INSTRUCTOR**

For each criterion evaluated, 5 points will be deducted from the initial grade of 100 for each incomplete/insufficient task.

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>All equipment is checked before turning on/using.</td>
</tr>
<tr>
<td>3.</td>
<td>Erases and places barriers on all digital films.</td>
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<tr>
<td>4.</td>
<td>Restocks radiology cabinets with supplies.</td>
</tr>
<tr>
<td>5.</td>
<td>Sets up and cleans all radiology units.</td>
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<tr>
<td>6.</td>
<td>Cleans and disinfects lead aprons.</td>
</tr>
<tr>
<td>7.</td>
<td>Processes and mounts x-rays correctly.</td>
</tr>
<tr>
<td>8.</td>
<td>Places name, date, and correct unit # on all radiographs.</td>
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<tr>
<td>9.</td>
<td>Has dentist review and initial all films taken.</td>
</tr>
<tr>
<td>10.</td>
<td>Turns off all x-ray equipment at end of clinic.</td>
</tr>
<tr>
<td>11.</td>
<td>Ensures all radiology supplies are sterilized and put away.</td>
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<tr>
<td>12.</td>
<td>Assists Clinic Assistant as needed.</td>
</tr>
<tr>
<td>13.</td>
<td>Properly duplicates radiographs as needed.</td>
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<tr>
<td>14.</td>
<td>Returns Radiology Log Book to Program Director's office at end of clinic session.</td>
</tr>
<tr>
<td>15.</td>
<td>If indicated, calls patient's dental office to request recent radiographs. (Panoraxes must be ≤ 3 years old; BWs must be ≤ 1 yr old)</td>
</tr>
<tr>
<td>16.</td>
<td>Performs step wedge process and has faculty evaluate results.</td>
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**FINAL GRADE:** \[100 - (5 \times \# \text{ deficiencies})\]

**Passed Grade:** DHYG 2020 ≥ 50%  
DHYG 2090 ≥ 65%  
DHYG 2140 ≥ 90%

**Instructor comments:**

________________________________________

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Radiology Assistant Student Learning Objectives

By the end of the clinic lab session, the student should be able to:

1. Determine that all radiology equipment is functioning properly.
2. Ensure that infection control measures have been implemented in each radiologic unit.
3. Confirm that radiation protection protocols have been followed for operators and patients.
4. Correctly process and mount digital radiographs to be of diagnostic value.
5. Performs stepwedge to ensure quality radiographs.
6. Duplicate radiographs correctly if requested.
Central Georgia Technical College  
Department of Dental Hygiene North Campus  
Radiology Assistant Gradesheet

STUDENT __________________ DATE ___________ INSTRUCTOR __________________

<table>
<thead>
<tr>
<th>CLINIC PREPARATION – 30 Points</th>
<th>√ or X</th>
<th>Points</th>
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<tbody>
<tr>
<td>Arrive at 7:30 for am clinic and 12:45 for pm clinic.</td>
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<tr>
<td>Wears proper clinic attire.</td>
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<tr>
<td>Test films processed and checked by faculty, book signed by student and faculty.</td>
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<tr>
<td>Run cleaning film to clean rollers</td>
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<tr>
<td>Darkroom ready for use; tank filled; water turned on.</td>
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<tr>
<td>Get rooms and PAN ready to receive patients – turn units on</td>
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<tr>
<td>All supplies and forms available.</td>
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<tr>
<td>SWX/FMX film packets made up – film checked for expiration dates</td>
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<tr>
<td>Check levels of automatic processor solution replenishing bottles</td>
<td></td>
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<tr>
<td>Other:</td>
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| DURING CLINIC SESSION – 35 Points | | |
|----------------------------------|--------|
| Keep sign-up sheet and radiograph log current for each clinic session. |        |
| Develop FMX/BWX correctly – No processing errors on patients films |        |
| Set computer up properly for PAN |        |
| Use proper mounts. |        |
| Mount FMX/BWX correctly with patient name, date and dentist name. |        |
| Have films read by assigned faculty in x-ray room not dark room; |        |
| Notify student if retakes are needed. |        |
| Do not clean x-ray room until necessary retakes are complete. |        |
| Films diagnosed by dentist on correct form; duplicates placed in patient folder; mounted |        |
| radiographs placed on unit view box. |        |
| All intraoral equipment bagged, labeled, and taken to sterilization area. |        |
| Good rapport with students, instructors, staff, and patients |        |
| Assist in all areas of clinic as needed. |        |
| Other: |        |

| CLINIC CLOSING PROCEDURES – 35 Points | | |
|---------------------------------------|--------|
| Processing room clean at end of day |        |
| All counter tops clean, dry, and clutter free; no drips on floor; sink scrubbed; view boxes cleaned. |        |
| All litter disposed of and removed from processor daylight loader. |        |
| Processors turned off, unplugged and water turned off. |        |
| Automatic processor broken down, tracks removed, sprayed, cleaned with correct sponge and rinsed according to schedule. |        |
| All rooms disinfected and ready for next clinic session |        |
| All lights turned off |        |
| Radiograph log put in proper place at end of session. |        |
| Remains in clinic until ALL assistants are done and dismissed by instructor |        |
| Other: |        |

| Critical Errors – Processing, Asepsis, Patient Safety, etc. Automatic minus 50 pts | | |
|---------------------------------|--------|

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<th>TOTAL:</th>
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IF LEAVING CLINIC FLOOR INFORM INSTRUCTOR

IF STUDENT LEAVES FLOOR WITHOUT PERMISSION THEY WILL RECEIVE A ZERO FOR THIS GRADE
Polishing the teeth at the completion of a dental hygiene appointment has been a “traditional” practice in dental care. This practice appears to be more of a “habit” than a beneficial service for the patient. Polishing should not be performed on a routine basis for all patients. The removal of extrinsic stain should be the primary reason to polish the dentition. The time that is generally allotted for polishing can better be spent in helping the patient master plaque control techniques. Maintenance of periodontal health depends on effective daily plaque control by the patient. Stains incorporated within calculus or dental plaque can be removed with hand instruments and/or ultrasonic scalers. Extrinsic stain is not an etiologic factor for periodontal diseases; and deplaquing can be accomplished effectively using ultrasonic instrumentation.

1. Determine whether polishing is needed.
2. Select the method and abrasive agent that will produce the least amount of scratching or enamel removal.
3. Connect handpiece to the dental unit.
4. Position patient in a supine position; provide patient with eyewear.
5. Connect a disposable prophylaxis angle with a rubber cup to handpiece.
6. Fill rubber cup with abrasive paste and establish a finger rest. Hold the rubber cup to that the rim is almost in contact with, but not touching, the tooth surface as handpiece is activated with the foot control (rheostat).
7. Polish only those surfaces that have objectionable esthetics.
8. With the cup rotation at a slow, steady speed, adapt a portion of the cup rim to the tooth surface. Apply light pressure, keeping the cup in contact with the tooth for a few seconds and keeping the working end moving at all times.
9. Maintain a finger rest (fulcrum), use vertical, oblique, or horizontal stroke direction.
10. Use established sequence to minimize time and increase efficiency.
11. Use floss to remove debris from all proximal surfaces.
12. Allow patient to rinse thoroughly with water.
13. Have faculty member evaluate plaque and stain removal.
14. Apply fluoride treatment following polishing procedure.
15. After completion of appointment, discard disposable angle.
16. Prepare handpiece for sterilization according to manufacturer’s directions.
The use of ultrasonic devices aids the clinician in rapid removal of moderate to heavy calculus deposits and stain resulting in much less hand fatigue. Other indications for using an ultrasonic device is for removal of biofilm, endotoxins, and debris from root surfaces, debridement of furcation areas, and removal of orthodontic cement and overhang margins of restorations.

1. Equipment needed
   a. Face shield
   b. Gloves, mask, eyewear, lab coat for clinician
   c. Eyewear, face drape, paper towel for patient
   d. Ultrasonic unit
   e. Insert (standard or thin)
   f. Subgingival explorer
   g. Mouth mirror
   h. Suction

2. Preparation
   a. Turn on ultrasonic unit and allow water to flow through handpiece for 2 minutes at beginning of appointment (or 30 seconds between patients).
   b. Select a straight angled tip and insert into water-filled handpiece of ultrasonic unit.
   c. Holding handpiece over sink, adjust water and power to desired setting. Tip should emit a mist of water without excessive dripping.

3. Positioning
   a. Place patient in an appropriate supine position: have patient tilt head toward right or left depending on area being treated and place suction appropriately. Provide protective eyewear, drape, and paper towels.

4. Grasp
   a. Use a modified pen grasp that is light.

5. Fulcrum
   a. Use a conventional, opposite arch, cross arch, or other fulcrum.
   b. Use intraorally for standard designs and extraorally for precision thin designs.
6. Mirror Use
   a. Use mostly direct vision, but mirror can be used for retraction

7. Adaptation
   a. Explore or visually locate deposit. Position side of insert tip on tooth surface.
   b. Apply insert tip at no more than a 15° angle to tooth surface.
   c. Adapt back or lateral surfaces of tip parallel to long axis of tooth.
   d. Step on foot control to activate insert (depressing foot control halfway activates water for rinsing; depressing all the way activates ultrasonic vibrations)
   e. Use a walking, tapping, and/or sweeping motion.
   f. Use quick, controlled, overlapping, multidirectional strokes with standard inserts; use slower movement with precision thin inserts.
   g. Do not apply excessive lateral pressure.
   h. Stop periodically to allow complete evacuation.
   i. Evaluate progress and product with visual exam and/or explorer.
   j. Re-treat areas with manual or mechanical instruments.

   **Note: tip must be covered with specially designed plastic sheath before using on titanium implant surfaces.

8. Documentation
   a. Record services rendered in patient record
   b. Follow current infection control protocol

Contraindications:

Patients with pacemaker
Patients with communicable diseases such as hepatitis, TB, strep throat, and respiratory infections
Patients with demineralized tooth surfaces, exposed dentin associated with sensitivity
Primary and newly erupted teeth
Porcelain, amalgam, or composite restorations.
Patients that are immunosuppressed, have uncontrolled diabetes, chronic pulmonary disease, cardiovascular disease with secondary pulmonary disease, have swallowing difficulties, and/or children.
How to Use Custom Fluoride Carriers (Trays)

1. At bedtime, remove partial or full dentures from the mouth. Brush teeth thoroughly with soft toothbrush and regular toothpaste. Floss teeth by sliding the floss up and down each side of each tooth. Note: It is very important to remove all food and plaque from between teeth before using fluoride. Food and plaque can prevent the fluoride from reaching the surface of the tooth.

2. Place a thin ribbon of the fluoride gel into each upper and lower fluoride tray so that each tooth space has some fluoride. Either 0.4% stannous fluoride (Gel Kam) or 1.1% sodium fluoride (Prevident) may be used. The fluoride can be spread into a thin film that coats the inside of the trays, by using a cotton-tipped applicator, finger or toothbrush.

3. Seat the trays on the upper and lower teeth and let them remain in place for 5 minutes. Only a small amount of fluoride should come out of the base of the trays when they are placed, otherwise, there may be too much fluoride in the trays.

4. After 5 minutes, remove the trays and thoroughly expectorate (spit out) the residual fluoride. Very Important - do not rinse mouth, drink or eat for at least 30 minutes after fluoride use.

5. For head and neck radiation patients, begin using fluoride in the custom trays no longer than one week after radiotherapy is completed. Repeat daily for the rest of your life!! Remember that tooth decay can occur in a matter of weeks if the fluoride is not used properly.

Care for Fluoride Carriers (Trays)

1. Rinse and dry the trays thoroughly after each use. Clean them by brushing them with a soft-bristled toothbrush and liquid hand soap. Do not use hot water as this could lead to distortion.

2. Professional cleaners such as Polident and Efferdent are also available for soaking appliances.

3. Do not boil the trays or leave them in a hot car as they may warp or melt.
Filling the Distiller with Water

- Using the appropriately labeled gallon jug, pour water into the distiller boiling chamber taking care not to fill above the internal “fill line” (about 5cm from the top).

To Distill Water

- Pull the upper cover from the boiling chamber, allowing for the plug.

- Pour water into the stainless steel boiling chamber. Make sure you DO NOT FILL PAST THE MARK inside the boiling chamber. If you use hot water, you can shorten the time needed to distill water.

- Place the upper cover on the distiller. Always ensure any spillage outside the distiller is dried off and the electrical sockets are dry before plugging the power cord into the socket on the distiller.

- Line up the lid with the hole on the collection bottle with the distiller nozzle. Insert the main power cord into the power socket and turn the power switch on. You will hear the fan start immediately.

- The Reset button on the distiller is factory-set at “On” position.

- For subsequent cycles, you will have to press firmly on the Reset button when starting the distiller.

- Approximately an hour after you have turned on the power, distilled water begins to drip into the collection bottle.

- Never remove the upper cover while the distiller is on. Unplug the main power cord from wall outlet if you wish to stop the distillation process.

- The power supply switches itself off automatically when distillation is completed.
Radiology Procedures and Policies
Central Georgia Technical College  
Department of Dental Hygiene  
Criteria for Evaluating Dental Radiographs

To all students: The following criteria are currently used to evaluate radiographs taken in the Central Georgia Technical College dental hygiene clinic. These criteria serve as guidelines to determine if radiographs are considered diagnostic or if retake films will be required.

Clinical Criteria:

1. The Guidelines for Prescribing Dental Radiographs distributed by Kodak and supported by the American Dental Association will be followed when determining the radiographic requirements for each individual patient.
2. Critical thinking should be utilized for every radiograph obtained to determine each patient's individual needs, and any required modification of technique as determined by each patient's unique circumstances.
3. All safety measures described in the Central Georgia Technical College dental clinic’s Ionizing Radiation Policy must be exercised at all times for both the patient and the dental radiographic operator.
4. The student is required to assist the patient in updating their medical history form and this form must be properly signed by the patient. Also, the patient, student, and supervising faculty member must have signed the updated Dental Hygiene Program Patient’s Rights Policy. The student will not perform any radiographic procedures prior to these acts being completed.
5. The student must be able to utilize good patient management.
6. A lead apron and thyroid shield will be utilized as required.
7. Proper sterilization techniques for the film holders and proper disinfection of the operatories must be performed.

Film Series:

Complete Full Mouth Radiographic Survey (FMX) – Adult: This survey consists of twenty radiographic images including eight anterior periapical projections, and twelve posterior projections.
Complete Full Mouth Radiographic Survey (FMX) – Pedo: This survey consists of from two to four horizontal bitewing projections and maxillary and mandibular topographical occlusal projections.
Horizontal Bitewings – Adult: This survey consists of four posterior projections.
Vertical Bitewings – Adult: This survey consists of four posterior projections.
Horizontal Bitewings – Pedo: This survey consists of from 2 to 4 horizontal bitewing projections.
PERIAPICAL RADIOGRAPHS

Periapical Radiograph Criteria:

1. The radiograph should be an acceptable representation of the area to be viewed.
2. Critical thinking should be utilized for every radiograph obtained to determine each patient’s individual needs, and any required modification of technique as determined by each patient’s unique circumstances.
3. The embossed dot should be located at the incisal or occlusal surface on each radiograph.
4. The radiographic density should be acceptable. Each radiograph should not be too dark or too light.
5. There should be at least 3 mm of alveolar bone visible beyond the apex of the teeth in each radiograph.
6. There should be at least a 2-3 mm margin between the incisal or occlusal surfaces of the teeth and the edge of the film.
7. The interproximal surfaces between the teeth should be readily visible.
8. Each radiograph should be free of processing and handling errors.

SPECIFIC CRITERIA: PERIAPICAL RADIOGRAPHS

Maxillary Molar Periapical (size 2 film)

The radiograph should include all of the maxillary 1st, 2nd, and 3rd molars including the crowns and apices. The interproximal contacts should be open between the maxillary 1st and 2nd molars, and the maxillary 2nd and 3rd molars. It is customary but not required to include a portion of the distal of the maxillary 2nd premolar to ensure all of the maxillary 1st molar is in the film.

Maxillary Premolar Periapical (size 2 film)

The radiograph should include the distal portion of the crown of the maxillary canine with the inner enamel wall, all of the crowns of the 1st and 2nd maxillary premolars, and at least the mesial ½ of the maxillary 1st molar crown. The apices of the maxillary 1st and 2nd premolars as well as the apex of the MB root of the maxillary 1st molar should be included in the radiograph. The interproximal contacts should be open between the maxillary canine and 1st premolar, the maxillary 1st and 2nd premolars, and the maxillary 2nd premolar and 1st molar.

Maxillary Canine Periapical (size 1 film)

The radiograph should include all of the maxillary canine and lateral incisor including the crowns and apices. The interproximal contact between the maxillary canine and lateral incisor should be centered on the film and open. It is characteristic in this specific radiograph for the contact between the maxillary canine and 1st premolar to be overlapped.
Maxillary Central Incisor-Lateral Incisor Periapical {size 2 film}

The radiograph should include all the crowns and apices of both maxillary central incisors and both maxillary lateral incisors. The interproximal contact between the maxillary central incisors should be centered and open on the radiograph. Also the contacts between the maxillary central incisors and lateral incisors should be open.

Mandibular Central Incisor-Lateral Incisor Periapical {size 1 film}

The radiograph should include all the crowns and apices of both mandibular central incisors and both mandibular lateral incisors. The interproximal contact between the mandibular central incisors should be centered and open on the radiograph. Also the contacts between the mandibular central incisors and lateral incisors should be open.

Mandibular Canine Periapical {size 1 film}

The radiograph should include all of the mandibular canine and lateral incisor including the crowns and apices. The interproximal contact between the mandibular canine and lateral incisor should be centered on the film and open. It is characteristic in this specific radiograph for the contact between the maxillary canine and 1st premolar to be overlapped.

Mandibular Premolar Periapical {size 2 film}

The radiograph should include the distal portion of the crown of the mandibular canine with the inner enamel wall, all of the crowns of the 1st and 2nd mandibular premolars, and at least the mesial ½ of the mandibular 1st molar crown. The apices of the mandibular 1st and 2nd premolars as well as the apex of the MB root of the mandibular 1st molar should be included in the radiograph. The interproximal contacts should be open between the mandibular canine and 1st premolar, the mandibular 1st and 2nd premolars, and the mandibular 2nd premolar and 1st molar.

Mandibular Molar Periapical {size 2 film}

The radiograph should include all of the mandibular 1st, 2nd, and 3rd molars including the crowns and apices. The interproximal contacts should be open between the mandibular 1st and 2nd molars, and the mandibular 2nd and 3rd molars. It is customary but not required to include a portion of the distal of the mandibular 2nd premolar to ensure that all of the mandibular 1st molar is in the film.

**BITEWING RADIOGRAPHS**

Bitewing Radiograph Criteria[ Interproximal Survey]:

1. The radiograph should be an acceptable representation of the area to be viewed.
2. Critical thinking should be utilized for every radiograph obtained to determine each patient’s individual needs, and any required modification of technique as determined by each patient's unique circumstances.
3. The radiographic density should be acceptable. Each radiograph should not be too dark or too light.

4. The maxillary and mandibular teeth should be evenly distributed on each radiograph.

5. The occlusal plane should be straight horizontally.

6. The interproximal spaces should be opened and readily visible.

7. The interproximal bone at the crest of the alveolar process should be visible without superimposition of the crowns of the adjacent teeth.

8. The crowns of the teeth should not be magnified or distorted.

SPECIFIC CRITERIA: HORIZONTAL BITEWINGS

Premolar Horizontal Bitewing (size 2 film)

The radiograph should show an equal distribution of both arches including the distal portion of the crowns of the maxillary and mandibular canines with the inner enamel wall, the crowns of the maxillary and mandibular premolars, and the crowns of the maxillary and mandibular 1st molars. The alveolar crest of bone should be visible for both the maxillary and mandibular arches. The interproximal contacts should be open between the maxillary and mandibular canines and 1st premolars, the maxillary and mandibular 1st and 2nd premolars, and the maxillary and mandibular 2nd premolars and 1st molars. It is characteristic to be able to view the maxillary and mandibular 2nd molars in this radiograph as well. These structures as well as the interproximal contacts between the maxillary and mandibular 1st molars and 2nd molars are not required in this radiograph.

Molar Horizontal Bitewing (size 2 film)

The radiograph should show an equal distribution of both arches including the crowns of the maxillary and mandibular 1st, 2nd, and 3rd molars. The alveolar crest of bone should be visible for both the maxillary and mandibular arches. The interproximal contacts should be open between the maxillary and mandibular 1st and 2nd molars, and the maxillary and mandibular 2nd and 3rd molars.

SPECIFIC CRITERIA: VERTICAL BITEWINGS

Premolar Vertical Bitewing (size 2 film)

The radiograph should show an equal distribution of both arches including the distal portion of the crowns of the maxillary and mandibular canines with the inner enamel wall, the crowns of the maxillary and mandibular premolars, and the mesial ½ of the crowns of the maxillary and mandibular 1st molars. The alveolar crest of bone should be visible for both the maxillary and mandibular arches. The interproximal contacts should be open between the maxillary and mandibular canines and 1st premolars, the maxillary and mandibular 1st and 2nd premolars, and the maxillary and mandibular 2nd premolars and 1st molars.
Molar Vertical Bitewing (size 2 film)

The radiograph should show an equal distribution of both arches including the distal ½ of the crowns of the maxillary and mandibular 1st molars, the entire crowns of the maxillary and mandibular 2nd molars, and the entire crowns of the maxillary and mandibular 3rd molars when they are fully erupted. The alveolar crest of bone should be visible for both the maxillary and mandibular arches. The interproximal contacts should be open between the maxillary and mandibular 1st and 2nd molars, and the maxillary and mandibular 2nd and 3rd molars.

Pediatric Bitewing (size 0, size 1, or size 2 film)

The radiograph should show an equal distribution of both arches including the distal portion of the crowns of the maxillary and mandibular primary canines with the inner enamel wall, and the crowns of the maxillary and mandibular primary 1st and 2nd molars. The interproximal contacts should be open between the maxillary and mandibular primary canines and primary 1st molars, and the maxillary and mandibular primary 1st and 2nd molars.
Central Georgia Technical College  
Department of Dental Hygiene  
Darkroom Protocol

Proper adherence to darkroom protocol is essential in the acquisition of diagnostic radiographs. The following steps for processing radiographs must be followed to ensure that the level of quality is sufficient:

**Daily:**

- Check the solution levels in the automatic processors and verify that adequate levels of solution are present in the replenisher bottles.
- Evaluate the developer and fixer solutions for clarity and the possible need for replacement of the solutions or cleaning of the unit. If more solution is required remember that the developer has black labeling and the fixer has red labeling. Do not allow any fixer solution to splash into the developer solution.
- Evaluate the condition of the processor rollers to determine if cleaning is required.
- Close the covering lids of the automatic processors and plug the unit into the electrical outlet.
- Water switches in the pump room MUST be turned on prior to turning on the automatic processor.
- Turn “on” the automatic processors.
- After the READY light comes on, run a cleaning film through the processor at NORMAL SPEED. Evaluate the cleaning film to see if it may need to be run again or if the rollers require cleaning.
- When the processors' temperature reaches 82 degrees F, they are ready for use.
- Follow the protocol in the Radiology Infection Control Policy to process the radiographs.
- Run the films through the processors at NORMAL SPEED in a slow methodical sequence to decrease the chances of the film becoming overlapped.
- After all the films have been ejected from the processors, collect them and mount them according to the Mounting Dental Radiographs protocol.
- At the end of the clinic period, turn the automatic processors off and unplug the units from the electrical outlet on the wall. Turn the water switches off in the pump room. Keep the lids closed on the automatic processors to prevent evaporation of the solutions overnight.
Weekly:

- Follow the procedures in the Stepwedge Protocol to ensure the processors are operating efficiently.
- Remove the rack assemblies and place them in the corresponding plastic buckets. Do not drip solution into the adjacent tanks. Take them to the lab.
- Spray the rollers with Spray 2000 cleaner. Rotate the rollers while scrubbing them thoroughly with the included sponges and warm water.
- Rinse the rack assemblies thoroughly.
- Replace the rack assemblies into the automatic processor.

Mid-Semester:

- Remove the rack assemblies and place them in the corresponding plastic buckets. Do not drip solutions into the adjacent tanks. Take them to the lab.
- Spray the rollers with Spray 2000 cleaner. Rotate the rollers while scrubbing them thoroughly with the included sponges and warm water.
- Rinse the rack assemblies thoroughly.
- Drain the developer and fixer tanks and perform the Monthly Cleaning Procedure for the automatic processors.
- Replace the rack assemblies into the automatic processors.

End of Semester:

- Remove the rack assemblies and place them in the corresponding plastic buckets. Do not drip solutions into the adjacent tanks. Take them to the lab.
- Spray the rollers with Spray 2000 cleaner. Rotate the rollers while scrubbing them thoroughly with the included sponges and warm water.
- Rinse the rack assemblies thoroughly.
- Drain the developer and fixer tanks and perform the Cleaning Procedure for the automatic processors.
- Replace the rack assemblies into the automatic processors.
Central Georgia Technical College
Department of Dental Hygiene
Dental Radiograph Mounting Procedure

Film mounting and film viewing require an area that is dimly lit, a radiographic view box, and an opaque film mount. Labial mounting is the accepted technique with the embossed dot pointing out. The dot should also be oriented towards the occlusal/incisal of every periapical film due to the exposure technique. For bite wing films the dot should be down or toward the floor of the mouth. The following procedures for mounting dental radiographs are to be followed in the dental hygiene clinic at Central Georgia Technical College.

- Wash and dry your hands.
- Turn on the view box.
- Label the film mount with the following information:
  - Patient's name
  - Date of the exposure
  - Student’s name who took the radiographs
- Examine each radiograph to identify the orientation of the embossed dot. You should only handle the radiographs by the edges of the film to prevent fingerprints. Place each film on the top of the view box with the embossed dot pointing up.
- Sort the radiographs into three groups. One group for bite wing films, one for anterior periapical films, and one group for posterior periapical films.
- Arrange the radiographs on the work surface of the view box in anatomic order. Normal anatomic landmarks should be used to determine anterior from posterior, and maxillary from mandibular films.
- Place each film in the corresponding frame of the film mount and secure it. The following order for mounting the films is suggested:
  - Maxillary anterior periapicals
  - Mandibular anterior periapicals
  - Bite wings
  - Maxillary posterior periapicals
  - Mandibular posterior periapicals
Central Georgia Technical College  
Department of Dental Hygiene  
Guidelines for Prescribing Dental Radiographs

RECOMMENDATIONS FOR PRESCRIBING DENTAL RADIOGRAPHS

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

Table 1. PATIENT AGE AND DENTAL DEVELOPMENTAL STAGE

<table>
<thead>
<tr>
<th>TYPE OF ENCOUNTER</th>
<th>CHILD WITH PRIMARY DENTITION (PRIOR TO ERUPTION OF FIRST PERMANENT TOOTH)</th>
<th>CHILD WITH TRANSITIONAL DENTITION (AFTER ERUPTION OF FIRST PERMANENT TOOTH)</th>
<th>ADOLESCENT WITH PERMANENT DENTITION (PRIOR TO ERUPTION OF THIRD MOLARS)</th>
<th>ADULT, DENTATE OR PARTIALLY EDENTULES</th>
<th>ADULT, EDENTULES</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Patient* being evaluated for oral diseases</td>
<td>Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open 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 exam is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment.</td>
<td>Individualized radiographic exam, based on clinical signs and symptoms.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| RECALL PATIENT* with clinical caries or at increased risk for caries** | Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe | Posterior bitewing exam at 6-18 month intervals | Not applicable |
| RECALL PATIENT* with no clinical caries and not at increased risk for caries** | Posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe | Posterior bitewing exam at 18-36 month intervals | Posterior bitewing exam at 24-36 month intervals | Not applicable |
Clinical situations for which radiographs may be indicated include, but are not limited to:

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

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

**Factors increasing risk for caries may be assessed using the ADA Caries Risk Assessment forms (0 – 6 years of age and over 6 years of age).**
Infection Control for Radiographic Procedures

It is essential that infection control be practiced in all phases of clinical procedures including radiographic ones. The following guidelines have been developed to ensure the effectiveness of infection control. These guidelines must be practiced when exposing and processing radiographs.

1. Protective eyewear, masks, and powder-free gloves will be worn during radiographic procedures.
2. Place a clear disposable bag over the tube head to avoid contamination.
3. Cover the exposure control handpiece with a barrier.
4. Barriers should be placed on any surfaces exposed radiographs will come in contact with.
5. Place exposed film in a plastic cup.
6. Wipe down each film with Sanicloth.
7. Remove and dispose your contaminated gloves.
8. Load film into the processor, holding film ONLY on the sides.
9. Remove and dispose all barriers from the radiographic equipment.
10. Disinfect all radiographic surfaces, the film processor, darkroom surfaces, darkroom light switches, and darkroom doorknobs.
12. When manually processing radiographs, the developer, rinsing, and fixer containers, as well as the thermometer, and any other surfaces touched by contaminated gloves must be disinfected.
Central Georgia Technical College  
Department of Dental Hygiene  
Ionizing Radiation Policy

Maximum Permissible Dose

Radiation protection standards dictate the maximum dose of radiation that an individual can receive. The maximum permissible dose (MPD) is defined by the National Council on Radiation Protection and Measurement (NCRP) as the maximum dose equivalent that a body is permitted to receive in a specific period of time. The MPD is the dose of radiation that the body can endure with little or no injury.

The NCRP published the complete set of basic recommendations specifying dose limits for exposure to ionizing radiation in 1987, 1991, and 1993. This most recent report states the current MPD for occupationally exposed persons, or persons who work with radiation (e.g., dental radiographers), is 5.0 rem/year (0.05 Sv/year). For non-occupationally exposed persons, the current MPD is 0.1 rem/year (0.001 Sv/year). In the case of pregnant women, it is recommended that exposure to the fetus be limited to 5 mSv (0.5 rem), not to be received at a rate greater than 0.5 mSv (0.05 rem) per month.

Maximum Accumulated Dose

Occupationally exposed workers must not exceed an accumulated lifetime dose. This is referred to as the maximum accumulated dose (MAD). MAD is determined by a formula based on the worker’s age. To determine the MAD for an occupationally exposed person, the following formula is used:

\[
\text{MAD} = (N - 18) \times 5 \text{ rem/year}
\]

\[
\text{MAD} = (N - 18) \times 0.05 \text{ Sv/year}
\]

In this formula N refers to the person’s age in years. (Note that 18 years of age is the minimum age required for a person to work with radiation.

ALARA Concept

The ALARA concept states that all exposure to radiation must be kept to a minimum, or “as low as reasonably achievable”. To provide protection for both patients and operators, every possible method of reducing exposure to radiation should be employed to minimize risk. The radiation protection measures detailed in this document can be used to minimize patient and operator exposure, thus keeping radiation exposure “as low as reasonably achievable.”
Clinic Policy

Each of the following concepts should be strictly followed to provide a safe work environment for both the dental radiography operator and the patient.

- The Guidelines for Prescribing Dental Radiographs distributed by Kodak and supported by the American Dental Association will be followed when prescribing radiographs.
- Radiographs are only to be obtained for those patients who have completed and signed a medical history form as well as the Dental Hygiene Program Patient Rights Policy.
- No radiographs shall be made on a patient who is receiving “whole body radiation.”
- The student may only obtain radiographs for their patient after gaining the approval and signature of the supervising instructor.
- Students must use proper infection control measures as explained in the Radiology Infection Control Policy when exposing and processing radiographs.
- The lead apron and thyroid collar should be worn when intraoral radiographs are obtained on patients. A panorex lead apron is to be used for all panorex radiographs.
- The machinery in the radiology clinic may only be utilized by students with proper supervision by the clinical faculty.
- The machinery in the radiology clinic must remain turned off when not in use.
- Dosimeters are to be worn by pregnant patients and will be monitored on a monthly basis.
- Ultra-speed D film must be used when exposing radiographs.
- The RINN XCP beam alignment devices should be used when obtaining intraoral radiographs.
- Unnecessary exposures to the patient will be avoided by utilizing correct film placement, cone alignment, and processing techniques.
- The student should observe the impulse dial setting before each exposure to ensure the correct setting is used.
- The mA and kVp is preset for intraoral radiographs and cannot be changed by the student.
- The student must stand six feet or greater away from patient before exposing radiographs. Students must never stand in the direct line of the x-ray beam when exposing radiographs.
- Pregnant students or faculty must be out of range of scattered radiation before exposing x-ray film.
- No retakes will be obtained without the student first gaining approval from the supervising instructor.
- The maximum number of retake films for an FMX is three (3).
- All radiographs taken must be entered into the radiology log.
- Proper processing techniques should be used to avoid unnecessary retakes.
- The processed radiographs will be mounted as explained in the Mounting Dental Radiographs policy.
• The student is expected to evaluate and interpret each film under the supervision of an instructor, using pre-printed grade sheets.
• All radiographs (including retakes) must be listed in the progress notes of the patient chart. The type of film obtained as well as the number of exposures must be documented.
• Digital radiography on patients requires the same steps and sequences until the film plates are ready to be “scanned” into the computer and the results printed for evaluation and stored in patient’s record (South Campus).
• Faculty MUST observe each student and use the competency “checklist” as students enter digital radiographs into the computer (South Campus).
• Radiographic equipment will be monitored daily by the instructors.
• Dental hygiene faculty will maintain records of equipment repair.
Central Georgia Technical College  
Department of Dental Hygiene  
Procedure for Request of Duplicate Radiographs

1. Make a duplicate of the radiographs, according to instructions.

2. Following information should be on the duplicate:  
   a. Patient's complete name  
   b. Date original radiographs were exposed  
   c. Designate patient's Right or Left

3. Duplicate sets of radiographs are given to department secretary to be mailed to the patient's dentist.

4. Radiographic Release form must be filled out by the patient (or guardian/caregiver) and signed in order for the Dental Hygiene Department to release any radiograph duplicate. This applies to both mailed and hand-carried radiographs.

5. The original set of radiographs is to remain in the patient's chart.

6. Document all procedures in patient's chart under services rendered.
Central Georgia Technical College  
Department of Dental Hygiene  
Taking Digital BWX (South Campus)

1. First, make sure SCAN X machine is on and patient is established.
2. Click on patient chart icon.
3. Click on acquire x-ray icon (looks like digital xray)
4. When “new exam” box appears, click “CANCEL”
5. Select Scan icon (looks like a #1 size film)
6. Scan image box will appear – click SCAN
7. Click on Intraoral Standard and Click OK.
8. The lights on the Scan X machine will turn green.
9. Place film in the slots. When all film have shown on screen, click DONE.
10. Click “Assign Images to a Series”
11. Click “New Series” button on bottom of screen
12. Select type of BWX or PA you have taken and Click OK.
13. Drag x-ray film to appropriate box.
14. Once you have placed all x-rays, then right click each one and rotate if needed.
15. Click OK
16. Click “View Exam” icon (looks like a opened folder with a tooth under it)
17. Click box with most current x-rays twice.
18. The film will open. Then, click on each picture (double click the last picture)
19. Print and save image.
Central Georgia Technical College  
Department of Dental Hygiene  
Taking Digital BWX (North Campus)

1. Have your instructor sign into the computer using their CGTC name and password.  
2. Turn on the Planmeca x-ray unit on the wall (on/off switch is on bottom of the unit).  
3. Connect the appropriate size Suni sensor (Size One or Size Two) to the cord.  
   (Sensors are located on the wall behind the computer)  
4. Select the ProfSuni icon on the computer desktop.  
5. Select PATIENT on the computer screen (at the top-left corner of the screen).  
7. For new patients, enter their last name, first name, date of birth, and gender. Select ADD.  
8. Select the CAPTURE LAYOUT icon. From there, select 2BWX, 4BWX, or FMX #18.  
9. Select CAPTURE SERIES (upper-left corner of screen)  
10. Select TAKE/RETAKE  
11. Place sensor in patient’s mouth.  
12. Place cone to sensor.  
13. Press exposure button on Planmeca console in the hallway.  
14. Remove sensor. You can drag and drop images around in the layout, if needed.  
15. Select TAKE/RETAKE (automatically moves to next exposure area).  
16. Repeat steps #10-#14 until the series is completed.  
17. Have your instructor view your exposures.  
18. Select TAKE/RETAKE FROM icon and select exposure to retake, if necessary.  
19. Select DONE icon at the top of the screen when you are completely finished.  
20. Select FILE and EXIT at the end of the day. Turn off Planmeca unit.  
21. Log-off of computer at the end of the day and shut down computer at the end of the week.
Central Georgia Technical College
Department of Dental Hygiene
Taking Digital PAN (South Campus)

1. Make sure Scan-X machine is ON and make sure that patient is established – if not, refer to New Patient With Appointment sheet.
2. Click on patient’s appointment ONCE.
3. Click on the “patient chart” icon. (looks like tooth with red lines)
4. Click on the “acquire x-ray” icon (looks like a digital image)
5. When “new exam” box appears, click “CANCEL”
6. Click on Scan icon (looks like a size #1 film)
7. Scan image box appears – click “SCAN”
8. Select “Pan Standard” and Click “OK” – the green lights on SCAN-X should be on now.
9. Place film in the slots – click “DONE” when all films have shown on screen.
10. Select “Assign Images to a Table”
11. Click “View Exam” icon (looks like opened folder with tooth under it)
12. Double-click box with most current x-rays.
13. Film images will appear. Rotate if needed by clicking on tools, rotate, and appropriate item.
14. Print and save image.
Central Georgia Technical College  
Department of Dental Hygiene  
Taking Digital PAN (North Campus)

Preparations before Patient Entry

1. Prepare computer for exposure by having an instructor log-in and set-up the Planmeca system. Pull up patient using the Date of Birth.
2. Place a disposable bite stick on the panorex machine.
3. Turn on the panorex machine (under flat panel of the machine).
4. Reset the machine by touching ENTRY on the digital panel.
5. Place a lead apron on the patient with it covering the back and shoulders.
6. Set the exposure parameters (Child under 7, Child 7-12, Adult female/Small male, Adult male, Large Adult Male)
7. Select correct jaw size and shape.
8. Remove glasses, earrings, necklaces, other jewelry, and dentures from the patient.

Preparation and Positioning for Exposure

1. Guide patient into unit and adjust unit to patient’s height.
2. With patient’s chin in chinrest, place upper and lower anterior teeth into the center of the bite grooves of the bite stick.
3. Be sure the chin is in contact with the chin rest.
4. Activate positioning lights ("T" tab)
5. Position patient’s Frankfort plane parallel to the Frankfort light (Figure A on the machine)
7. Align midsagittal plane (Figure B on the machine). Adjust the white light sensor on the patient’s left side.
8. Place layer positioning light to bisect the apex of the upper central incisor (Figure C on the machine)
9. Push the “READY” key
10. Have patient close lips on the bite stick
11. Ask patient to swallow and keep tongue flat on the roof of the mouth and try not to move.
12. Press and hold the exposure switch throughout the entire exposure cycle (console for Panorex machine is located next to the Developer Room Door and the exposure switch is on top of the black box).